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COUNTY BOROUGH OF GRIMSBY

---

# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1958

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INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

*RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.*





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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1958).

The Worshipful the Mayor

ALDERMAN MATTHEW LARMOUR, J.P.

*Chairman*

ALDERMAN F. G. GARDNER

*Deputy Chairman*

ALDERMAN G. H. ATKINSON

*Aldermen*

J. H. FRANKLIN

E. W. MARSHALL

W. HARRIS, O.B.E.

C. H. WILKINSON, M.B.E., J.P.

C. W. HEWSON, J.P.

W. H. WINDLEY

Mrs. M. LARMOUR

*Councillors*

A. BRADLEY

A. W. KENNINGTON

W. R. BRUMBY

Miss J. B. B. McLAREN

C. W. A. CHAPPLE, D.S.C., G.M.

C. J. MOODY

A. H. CHATTERIS

J. P. MURPHY

T. M. DAVISON

A. C. PARKER

Mrs. F. E. FRANKLIN, J.P.

T. W. SLEEMAN

Mrs. J. M. HODDS

Mrs. L. TRAYER

C. W. JAKES, J.P.

W. E. WILKINS

and the following Co-opted Members :—

Mr. R. C. BELLAMY

Mr. T. MUMBY

Mrs. H. L. R. BONTOLT

Dr. E. A. ROBERTSON

Dr. J. COTTRELL, J.P.

Mr. C. W. SPENDELOW

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

## MENTAL HEALTH:—

COUNCILLOR MRS. FRANKLIN (*Chairman*) ; ALDERMAN MRS. LARMOUR (*Deputy-Chairman*) ; ALDERMEN ATKINSON AND GARDNER ; COUNCILLORS BRADLEY, CHATTERIS, MRS. HODDS, A. C. PARKER and MRS. TRAYER.

*Co-opted Members* :—MESDAMES BONTOLT, M. CRESSWELL, L. NICHOLLS AND A. B. TURNER ; DR. R. R. RENFREW.

## PERSONAL HEALTH:—

ALDERMAN WILKINSON (*Chairman*) ; COUNCILLOR CHAPPLE (*Deputy-Chairman*) ; ALDERMEN ATKINSON, GARDNER AND MRS. LARMOUR ; COUNCILLORS JAKES, MISS McLAREN, MURPHY, A. C. PARKER AND MRS. TRAYER.

*Co-opted Members* :— MESDAMES CRESSWELL AND TURNER ; MESSRS. MUMBY AND J. SULLIVAN ; DR. T. BARROWMAN.

## PUBLIC HEALTH:—

ALDERMAN GARDNER (*Chairman*) ; ALDERMAN ATKINSON (*Deputy-Chairman*) ; ALDERMEN HEWSON AND MARSHALL ; COUNCILLORS BRUMBY, KENNINGTON, MOODY, MURPHY, A. C. PARKER AND SLEEMAN.

*Co-opted Members* :— MESSRS. A. CUCKSON, N. HOPPER, T. HUNT AND H. SMITH.



## LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

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 The Grimsby Improvement Act, 1869.  
 The Grimsby Extension and Improvement Act, 1889.  
 The Grimsby Corporation Act, 1921.  
 The Grimsby Corporation Act, 1927.  
 The Grimsby Corporation (Dock &c.) Act, 1929.  
 The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.  
 The Grimsby Corporation Act, 1949.

### ADOPTIVE ACTS.

The Public Health Acts Amendment Act, 1890.  
 The Private Street Works Act, 1892.  
 The Public Libraries Acts.  
 The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).  
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## STAFF OF THE HEALTH DEPARTMENT, 1958.

### MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

### SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

### ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

M. R. BURKE, M.B., B.Ch., B.A.O., D.P.H.

### PUBLIC HEALTH INSPECTORS

H. PARKINSON, 1, 2. *Chief Public Health Inspector.*

A. MANSON, 1, 2. *Deputy Chief Public Health Inspector.*

W. W. REED, 1, 2. *Senior Public Health Inspector.*

S. F. BURKITT, 1, 2.

S. MASTIN, 1, 2.

S. H. REED, 1, 2, (to 19.7.58)

D. C. VANSON (Pupil from 1.2.58)

### HEALTH VISITORS

Mrs. I. HALDANE, 3, 4, 5. *Superintendent.*

Miss E. M. TIPPLER, 3, 4, 5.

Mrs. J. HAVERCROFT, 3, 4, 5.\*

Miss M. C. BAGG, 3, 4, 5.

Miss I. R. ADAMSON, 3, 4, 5.

Miss J. D. M. VARRIE, 3, 4, 5.

Mrs. M. B. KOZLOWSKI, 3, 4, 5.

Miss K. L. SPENCER, 3, 4, 5.

Mrs. E. METCALFE, 3, 4, 5. (to 30.6.58)

Miss J. BELL, 3, 4, 5.

Miss M. HARDWICK, 3, 4, 5. (from 1.3.58)

### CLINIC NURSES

Mrs. I. D. MILLS, 3, 4.

Miss F. J. HOLLINGS, 3. (from 16.6.58)

### TUBERCULOSIS VISITORS

Miss D. ATKIN, 3, 4, 5.

Mrs. R. DONSON, 3, 4.\*

### HOME NURSING SERVICE

Miss F. ENGLEDDOW, 3, 4, 5. *Superintendent,*

Mrs. A. T. LAWE, 3, 4. *Assistant Superintendent* (from 1.12.58)  
and staff of 14 nurses.

### MUNICIPAL MIDWIVES

Miss F. ENGLEDDOW, *Non-medical Supervisor.*

Mrs. A. T. LAWE, *Assistant Non-medical Supervisor* (from 1.12.58)

Miss D. G. INKPEN, 3, 4.

Miss D. M. DAWSON, 3, 4.

Mrs. C. BEDFORD, 3, 4.

Mrs. K. M. BIRKETT, 3, 4.

Miss R. SMITH, 3, 4. (to 31.7.58)

Mrs. C. WESTACOTT, 3, 4.

Miss E. BAXTER, 3, 4.

Mrs. C. E. CALTHORPE, 3, 4.

Miss G. A. BAXTER, 3, 4.

Mrs. E. E. BUNN, 3, 4. (from 1.2.58)

Mrs. K. G. GILMOUR, 3, 4.

Mrs. G. NUTTER, 3, 4. (from 8.9.58).

### AMBULANCE SERVICE

E. BROWN, Ambulance Officer, and staff of 26.

### MENTAL HEALTH SERVICE

Miss E. M. WOULD, *Senior Mental Health Worker.*

Miss M. A. CLONEY, B.D. (London)

Miss M. NEWTON (from 6.8.58)

G. W. A. MACKENZIE, *D. A. Officer.*

L. C. RACKHAM, *D.A. Officer.*

### OCCUPATION CENTRE

Miss E. PATERSON, *Supervisor.*

Mrs. A. E. GORRINGE.

Miss H. M. BARKER.

Mrs. L. A. WILLERTON

R. N. V. SHANE (to 28.2.58)

Miss P. M. WRIGHTAM (from 9.9.58).

### DOMESTIC HELP SUPERVISOR

Miss L. BLACKBURN

### ALMONER SERVICE

Mrs. T. M. ROBERTSON. (to 17.5.58)

Miss D. WILD (from 1.9.58).

### CLERICAL STAFF

F. E. DAVIDSON, *Chief Clerk* (retired 31.3.58) Mrs. F. M. THOMAS

W. R. GALE, *Chief Clerk* (from 1.4.58)

Miss S. HORN

D. AMERY

P. T. KITCHING

M. WILKINSON (from 1.4.58)

### *Public Health Inspector's Sub-Department*

S. NASH

T. H. R. JOHNSON.

Miss J. E. BROWN

### *Maternal and Child Welfare Sub-Department*

Mrs. J. A. POTTER

Miss M. E. MOORE

Miss S. WILLING

Mrs. R. EARLY

Mrs. I. SMITH

Mrs. I. E. LONGSTAFF

### *Mental Health Sub-Department*

Miss G. J. PEARSON

Mrs. V. ALCOCK (to 31.12.58)

### *Almoner Service*

Miss I. HOLDEN

### *Domestic Help Service*

Miss B. N. DOUGHTY

### *Ambulance Service*

Miss F. FIELDS

---

\* Part-time appointment.

1. Public Health Inspector's Certificate.
2. Meat Inspector's Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitor's Certificate.

## INTRODUCTION

*To the Mayor, Aldermen and Councillors of Grimsby County Borough.*

I have the honour of presenting the Annual Report for 1958.

It is pleasing to record that on the whole the health of the community has remained satisfactory. While the death rate is slightly above the national average this is accounted for by the high rate among those aged 70 and over. The birth rate was well maintained, but the infant mortality showed an increase on last year's record low figure despite the fact that the rate for England and Wales is the lowest ever. There must be no complacency on the part of the local health authority, the maternity hospitals and the General Medical Services. It is only by the closest possible co-operation among all three that further progress can be made. More research is needed into the causes of prematurity and neonatal deaths.

Deaths from cancer were fewer than the preceding year as were those of lung cancer. The public conscience remains clouded by tobacco smoke but is quickly awakened by any suggestion of radioactive fall out, however small. The medical and statistical evidence for the relationship between smoking and lung cancer is most conclusive, while that for ionising radiation in small doses is highly controversial. Yet paradoxically it is the latter which is causing more concern. Perhaps it is the human fear of the unknown, or is it the power of continual propaganda? The air we breathe is already polluted by many chemicals, smoke, and exhaust fumes so it would seem sound logic to prevent adding yet another before we have succeeded in eliminating those already there. Irrespective of the merits of the hydrogen bomb, industry and medicine must avail themselves of this new discovery and it is now that strict control must be exercised over its use.

Although there were fewer notifications of cases suffering from tuberculosis there was a slight increase in the death rate, but only one death had not been previously notified, which shows a high degree of detection.

The poliomyelitis vaccination campaign was greatly increased due to the import of the Salk vaccine. Towards the end of the year there was practically no waiting list except for a few who insisted on the British type. This has thrown a great strain on the existing staff and other work has had to be cut down. The actual injections take the least time, but the completion of the record cards and returns, organising sessions (often at short notice), filing, answering correspondence of parents and telephone enquiries, etc., necessitated many man hours. It is to be earnestly hoped that this scheme will ultimately be successful against polimyelitis, a disease which could not be prevented and for which all known drugs were useless.

The chronic sick problem remains, but more cases were admitted, there being a reduction in the number blocking beds for a long period. I was asked to visit 51 cases (106 last year) on the waiting list to assess priority. Twenty-four required urgent admission, fifteen needed hospitalisation, six were able to cope and six had died while waiting. As a result of five years' experience of acting as a neutral doctor, I am convinced that the best use is being made of the available beds and that those few people who try to shirk their responsibilities are finding it more difficult to do so. Nevertheless, I am equally convinced that there are many old people who would be better cared for in hospital, if only for short periods.

The Ambulance Service has had another busy year but has coped well. I feel very proud of the efficiency of the team who distinguished themselves by winning the national trophy awarded by the Ministry of Health for the best all-round performance, open to all authorities in England and Wales.

Liaison with the various services is good in this area, particularly on a personal basis, and I am grateful to all concerned for the privileges afforded me.

It will be seen from the Chief Public Health Inspector's report the great difficulties he has had due to shortage of staff which has reached a serious point, and only by hard work has a service been maintained. Likewise, the health visitors on the staff have decreased in number and there have been no applicants in response to regular advertisement. This makes it difficult to maintain existing services without trying out the many new ideas or enforcing new Acts and regulations.

I am most grateful to the staff of the Health Department for their loyal service and to the other departments for their ready help.

My thanks are also due to the Chairman and members of the Health Committee for their kind consideration of the matters placed before them.

R. GLENN,  
*Medical Officer of Health.*

HEALTH DEPARTMENT,

1, Bargate, Grimsby.

July, 1959.

## PART I. STATISTICS AND SOCIAL CONDITIONS

## SUMMARY OF STATISTICS

Area (in acres)—excluding foreshore .....	5,863
Registrar General's estimate of population, mid-1958 .....	96,380
Number of inhabited houses (end of 1958) according to Rate Books .....	29,283
Rateable value .....	£1,045,506
Sum represented by a penny rate .....	£4,318

Live births:—	Males	Females	Total
Legitimate ..	847	881	1,728
Illegitimate ..	43	58	101
	<hr/>	<hr/>	<hr/>
	890	939	1,829
	<hr/>	<hr/>	<hr/>

Live birth rate per 1,000 population .....	18.9
Adjusted birth rate (area comparability factor 1.00) .....	18.9

Still births:—			
Legitimate ..	24	23	47
Illegitimate ..	—	1	1
	<hr/>	<hr/>	<hr/>
	24	24	48
	<hr/>	<hr/>	<hr/>

Still-births rate per 1,000 live and still-births .....	25.5
Total live and still-births .....	1,877

Infant deaths :—			
Legitimate ..	20	23	43
Illegitimate ..	2	1	3
	<hr/>	<hr/>	<hr/>
	22	24	46
	<hr/>	<hr/>	<hr/>

Infant mortality rate per 1,000 live births — total .....	25.1
„ „ „ „ „ „ „ — legitimate .....	24.9
„ „ „ „ „ „ „ — illegitimate .....	29.7

Neo Natal (first four weeks) mortality rate per 1,000 live births .....	17.5
Illegitimate live births per cent of total live births .....	5.5
Maternal deaths (including abortion) .....	1
Maternal mortality rate per 1,000 live and still-births .....	0.53
Deaths (Males 572 ; Females 472) .....	1,044
Death rate .....	10.8
Adjusted death rate (area comparability factor 1.13) .....	12.2

	Number	Rate
Deaths from measles .. .. .	1	0.01
„ whooping cough .. .. .	0	0.00
„ diphtheria .. .. .	0	0.00
„ respiratory tuberculosis .. .. .	15	0.15
„ other tuberculous diseases .. .. .	1	0.01
Total tuberculosis deaths .. .. .	16	0.16
Deaths from cancer .. .. .	171	1.77
„ influenza .. .. .	4	0.04



**Area of County Borough.**—The Grimsby (Extension) Order, 1958, extended by 395 acres the area of the County Borough of Grimsby so as to include as from the 1st April, 1958, part of the Parish of Great Coates in the Rural District of Grimsby. The land so acquired is to be used solely for housing purposes consequent upon the industrial development of the Humber Bank area, and for the time being will not affect the population of the Borough.

**Population.**—(Table 1, page 60). The Registrar General's estimate of the home population of Grimsby at mid-year, 1958 was 96,380, an increase of 330 on his estimate for the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 785.

**Births.**—(Tables 1 and 2, pages 60 & 61). There were 1,829 live births (890 males and 939 females), giving a birth rate of 18.9 per thousand of the population—and this figure again is not altered by the Registrar General's area comparability factor of 1.00—compared with 16.4 for England and Wales.

One hundred and one (5.5 per cent) of the live births were illegitimate, the illegitimacy rate being 55.2 per thousand live births. The corresponding figure for England and Wales was 49.

**Still Births.**—Forty-eight still births were registered, giving a rate of 0.5 per thousand of the population. The rate expressed per thousand total (live and still) births was 25.5, while for England and Wales it was 21.6.

**Deaths.**—(Tables 3 and 4, pages 61 & 62). There were 1,044 deaths (572 males and 472 females), equal to a death rate of 10.8.

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.13) was 12.2, compared with 11.7 for England and Wales.

Six hundred and seven persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 49 per cent of the total deaths registered.

Five hundred and seventy residents died at 70 years of age and upwards, the numbers at age periods being :—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	81	66	147
„ 75 and under 80 years	80	79	159
„ 80 and under 85 years	74	61	135
„ 85 and under 90 years	41	53	94
90 years and over	15	20	35

This is equal to 54 per cent of the total deaths.

Table 4 (page 62) gives the causes of death in age periods and has been compiled from figures supplied by the Registrar General.

**Infant Mortality.**—There were 46 deaths under one year of age, giving an infant mortality rate of 25.1 per thousand live births, compared with 22.5 for England and Wales. The latter rate is the lowest ever recorded in this country.

The infant deaths are classified by cause in Table 5.

**Neo-Natal Mortality.**—Thirty-two of the 46 deaths recorded above were of infants under 4 weeks, representing a neo-natal mortality of 17.5 per thousand live births. The corresponding rate for England and Wales was 16.2



**Maternal Mortality.**—One maternal death occurred in the borough giving a rate of 0.53 per thousand live and still births ; for England and Wales it was 0.43.

**State of Employment.**—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1958, (males 1,095 ; females 209) ..	1,304
Total live register in July, 1958, (males 781 ; females 123) ..	904
Total live register in December, 1958, (males 1,484 ; females 292) ..	1,776

These figures include temporarily stopped claimants.

The number of residents known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 15 (males 12 females 3).

**Rainfall.**—The total rainfall recorded during the year was 26.68 inches. The heaviest fall was 1.00 inches on the 13th July.

## PART II.

PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES

## NOTIFIABLE INFECTIOUS DISEASES

The incidence of notifiable diseases (other than tuberculosis) was as follows :—

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever .. ..	76	1	—
Measles .. ..	913	9	1
Whooping cough .. ..	24	1	—
Acute pneumonia .. ..	18	8	63
Meningococcal infection .. ..	1	1	—
Acute poliomyelitis —			
Paralytic .. ..	8	8	—
Non-paralytic .. ..	1	1	—
Dysentery .. ..	133	6	—
Food poisoning .. ..	4	—	—
Ophthalmia neonatorum .. ..	3	1	—
Puerperal pyrexia .. ..	4	4	—
Erysipelas .. ..	7	2	—
Chicken pox .. ..	783	10	—
Acute rheumatism .. ..	5	2	—
Totals .. ..	1,980	54	64

No notifications were received of other notifiable diseases not specified in the table above, e.g., diphtheria, smallpox, etc., and Table 6 on page 64 gives the age and sex distribution of the total cases notified.

**Scarlet Fever.**—76 cases (34 males and 42 females) were notified, one less than in 1957. Only one case was treated in hospital.

**Measles.**—913 cases (465 males and 448 females) were reported compared with 2,597 the previous year. One death—a male child, aged 8 months—was due to broncho-pneumonia.

**Whooping Cough.**—24 notifications (8 males and 16 females) were received compared with 168 the previous year.

**Pneumonia.**—18 cases were reported, 12 of primary and 6 of influenzal pneumonia, eight of which were treated in hospital. 63 deaths were ascribed to all forms of pneumonia, giving a death rate of 0.65.

**Meningococcal Infection.**—Only one case was notified.

**Acute Poliomyelitis.**—9 cases were notified, 8 being classed as paralytic and one as non-paralytic. All were admitted to hospital and there were no deaths.

**Dysentery.**—Notifications of this disease totalled 133 (71 males and 62 females) compared with 92 in 1957, six of the cases being treated in hospital.

The majority were caused by *Shigella Sonnei* and mostly affected children. Adult cases, carriers and contacts who were food handlers were rigorously

excluded until two negative stools were obtained. Where any school appeared to be having cases the kitchen and canteen staffs were investigated, and carriers were excluded and treated.

**Food Poisoning.**—4 cases (2 males and 2 females) were reported compared with 23 the previous year, comprising a family outbreak of two persons and two single cases. All occurred in the first quarter and in no case was the agent identified.

**Ophthalmia Neonatorum.**—3 cases of this disease were notified. The services of a nurse are offered by the local authority in all cases nursed at home.

**Puerperal Pyrexia.**—4 notifications were received, one case being a non-resident of Grimsby. All the women were treated in hospital, but when a case is nursed at home the services of a district nurse are offered by the local authority. The attack rate per thousand total births was 2.13.

**Erysipelas.**—Out of 7 cases notified, two were removed to hospital.

**Chicken Pox.**—There were reported 783 cases (400 males and 383 females) compared with 551 in 1957. Ten cases were admitted to hospital.

**Acute Rheumatism.**—The Acute Rheumatism Regulations require the notification of cases of acute rheumatism in persons under 16 years of age occurring in certain specified parts of England, and 5 such cases were notified (2 boys and 3 girls) compared with 7 the previous year.

Each case is finally reported on by the consultant cardiologist for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. All the cases were thus confirmed.

**Influenza.**—This is not a notifiable disease unless complicated by pneumonia. Five deaths (2 males and 3 females) were certified as due to influenza, equal to a death rate of 0.04. The corresponding figures for the previous year were 17 and 0.17.

**Public Health (Infectious Diseases) Regulations, 1953.**—It was not necessary to take any action under these Regulations in regard to persons engaged in occupations connected with the preparation and handling of food or drink for human consumption.

## CANCER

The number of deaths due to cancer was 171 (98 males and 73 females). The local death rate from this cause was 1.77 compared with 2.11 for England and Wales. The rates for the previous year were 2.24 and 2.08 respectively.

Of the total deaths from cancer 37 (32 males and 5 females) were due to cancer of the lung and bronchus, which is equal to a rate of 0.38 per thousand population for Grimsby; for England and Wales it was 0.43. Other cancer death rate was 1.39 (England and Wales 1.68).

## TUBERCULOSIS

**Notifications.**—Eighty-three persons were notified under the Public Health (Tuberculosis) Regulations, 1952, as compared with 102 the previous year. In addition, 22 cases (21 pulmonary and 1 non-pulmonary) already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 7 and 8 in the appendix.

**Deaths.**—(Tables 9 and 10, page 66). The number of deaths and the death rates from tuberculosis per thousand of the population in 1958 were as follows :—

			<i>Number of deaths</i>	<i>Death rates</i>
Respiratory tuberculosis	..	..	15	0.15
Other forms	..	..	1	0.01
Total	..		16	0.16

The death rate for all forms of tuberculosis in England and Wales for 1958 was 0.10 (respiratory 0.09 ; other forms 0.01). Unfortunately, this year there was one case that died which had not been previously notified.

**Revision of Register.**—The names of 91 notified persons were removed from the register in 1958, these consisting of :—

Diagnosis not established	..	..	..	..	4
Recovered	..	..	..	..	39
Died	..	..	..	..	16
Left district	..	..	..	..	24
Not desiring public medical treatment	..	..	..	..	1
Not found after adequate search	..	..	..	..	4
Others	..	..	..	..	3

On 31st December, 1958, there were 904 cases on the register of the Medical Officer of Health, 787 pulmonary and 117 non-pulmonary.

**Mass Radiography.**—The usual visit was paid by the Lincolnshire Mass Radiography Unit to carry out a chest survey of schoolchildren and over six thousand were x-rayed on school premises. In addition, the Unit held open sessions in Brighowgate to give the adult population an opportunity of chest x-ray. The following information is available. :—

					Total
Miniatures	..	..	..	..	12,904
Recalled for large films	..	..	..	..	215
Referred to Chest Clinic	..	..	..	..	44
Referred to own doctor	..	..	..	..	21
Pulmonary tuberculosis	—Close supervision				7
	Occasional supervision				5
Post primary inactive pulmonary tuberculosis	..	..	..	..	28
Bronchiectasis	..	..	..	..	4
Neoplasm	..	..	..	..	2
Cardiac abnormality	..	..	..	..	40
Observation	..	..	..	..	4

**Chest Clinic.**—The following information has been supplied by Dr. J. Glen, consultant chest physician, and is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1958.

<i>New cases examined (excluding contacts):</i>					Total
(a)	Definitely tuberculous	..	..	75	} .. .. 3,061
(b)	Diagnosis not completed	..	..	53	
(c)	Non-tuberculous	..	..	2,933	

*Contacts examined:*

(a)	Definitely tuberculous	..	..	6	} .. .. 767
(b)	Diagnosis not completed	..	..	30	
(c)	Non-tuberculous	..	..	731	

Cases written off Clinic Register, including 3,823 non-tuberculous .. 3,913



*Cases on Clinic Register as at 31st December, 1958:*

(a) Definitely tuberculous .. ..	889	}	.. ..	1,005
(b) Diagnosis not completed .. ..	116			
Total attendances at Clinic, including contacts .. ..				8,818
Consultations with medical practitioners .. ..				8,003
Artificial pneumothorax refills carried out .. ..				22
Home visits by nurses .. ..				2,674
X-ray examinations:— Radiographic film .. ..				4,122
Fluorographic screen .. ..				2,463

There has been a decrease in the number of new diagnosed cases of tuberculosis during 1958, but this may fluctuate from year to year. In the previous year's report I commented particularly on the increase of cases arising in the young people's group, but this appears to have disappeared, temporarily at least.

The low death rate reflects the treatability of the disease.

Non-tuberculous conditions requiring special investigation referred to the Chest Clinic during the year ended 31st December, 1958.

	<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer .. ..	28	2	—
Bronchiectasis .. ..	6	16	1
Asthma .. ..	16	22	12
Atypical Pneumonia .. ..	2	1	—
Unresolved Pneumonia .. ..	5	5	—
Lung abscess .. ..	1	—	—
Non-tuberculous Effusions .. ..	1	—	—
Cardiac Conditions .. ..	10	3	—
Spontaneous Pneumothorax .. ..	9	—	—
Empyema .. ..	3	—	—
Sarcoidosis .. ..	—	1	—
Hodgkin's Disease .. ..	—	1	—
Other conditions .. ..	8	1	3
Totals .. ..	89	52	16

**Cancer.**—During the year under review there has again been a fluctuation in the figure of new diagnosed cases of this disease through the Chest Clinic. This cannot give a true picture as it varies according to the number of cases finding their way to the clinic or to the general hospitals, but so far as the clinic is concerned the number has increased.

**Bronchiectasis.**—The number of this type of case remains fairly stable and there is no indication of any increase of moment in the condition.

Physiotherapy clinics are held for persons considered to be in need of such treatment and this plays an important part in the management of the bronchiectasis prior to operative intervention or where this is not feasible or indicated.

**Asthma.**—The number of cases of this condition referred to the clinic rises steadily annually. This is almost certainly due to the fact that there is a number of modern drugs available which are effective. General practitioners are obviously appreciating this and are sending along their more difficult cases.

**Cardiac Conditions.**—The rise in the figure in this section is largely due to our increasing interest in cases of chronic bronchitis and the fact that a considerable number of cases of Cor Pulmonale are seen.

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1954	734	1,739	523	2,996
1955	777	1,658	374	2,809
1956	1,251	1,667	360	3,278
1957	1,023	1,800	430	3,253
1958	999	1,690	372	3,061

**Preventive Care.**—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child, say under four years, with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure.

There has been no difficulty whatever in accommodating cases of tuberculosis requiring institutional treatment and there is no waiting list in operation.

The B.C.G. campaign continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, x-ray and tuberculin testing.

The investigation into infant contacts has continued. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants and staff are particularly watchful in performing this protection on contact babies born in the maternity hospitals in the area.

During 1958, 279 successful vaccinations were carried out, as follows :—

	<i>A.M.</i>	<i>A.F.</i>	<i>M.C.</i>	<i>F.C.</i>
Contacts .. .. .	4	21	110	90
On behalf of local authority .. .. .	—	—	15	3
Hospital in-patients .. .. .	—	—	12	6
Hospital staffs .. .. .	2	16	—	—
Total .. .. .	6	37	137	99

It is interesting to note that over the many years since B.C.G. vaccination was introduced no person successfully vaccinated has subsequently shown a tuberculous manifestation of any sort.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, whilst those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As in the previous year the Housing Committee has been very helpful indeed.

The chronic bronchitic clinic has been continued during the winter months. The use of chemotherapy and other drugs has proved of great benefit to cases, although the problem of dealing with this class of patient remains a difficult one.



A session is held once monthly at the clinic by Mr. R. C. Barclay, F.R.C.S., part of which is devoted to the assessment of bronchiectatic cases suitable for surgery, as well as the follow-up of his operative cases in this area. The arrangement has been found to be very helpful in the assessment of difficult patients.

**After-Care.**—The Grimsby Tuberculosis Care Committee was formed in 1925, and from those early days, when its main expenditure was in the provision of extra nourishment to cases, it has kept abreast of the times until its activities are now many and varied. In dealing with the needs of patients close contact is maintained with the officers of the National Assistance Board to avoid duplication of help and yet at the same time enable both parties to grant the maximum of essential aid.

It has been noted in recent years that the amount of free milk supplied has been gradually lessening, but there is no reduction in the cost to the Committee of providing clothing, furniture, bedding, fuel, groceries, etc., to patients. Selected cases are given an opportunity of benefiting from a complete change of surroundings at no cost to themselves through convalescent home treatment at Brighton. It is surprising that more cases do not accept these facilities, but many feel that having spent some months in the chest hospital they would prefer to return to their homes on discharge and this is particularly so in the case of women.

During 1956 the Committee agreed to include in their schemes assistance to Grimsby residents suffering from non-tuberculous chest conditions. So far there has not been a great deal of help rendered to this class of patient beyond the free supply of milk and financial grants towards holidays.

**Contact Examinations.**—This important branch of the work is on a perfectly satisfactory basis as will be seen from the following table :—

<i>Year</i>	<i>No. of notified cases of tuberculosis</i>	<i>Number of contacts examined</i>
1954	107	796
1955	75	706
1956	93	770
1957	102	988
1958	83	767

The number of contacts examined has not unnaturally reduced because of the fewer number of notified cases. The number of contacts per notified case still remains at a very satisfactory level.

**Employment Conditions.**—Facilities for the sheltered employment of tuberculosis cases in this area do not exist. The present method of treatment of these cases enables a high percentage to return to their previous occupation and the need for sheltered employment is not particularly acute.

**Follow-up of Cases.**—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, on waiting list for institutional treatment, under chemotherapy, etc., is immediately re-visited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

### VENEREAL DISEASES.

The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays, 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 156 Grimsby residents attended this clinic for the first time, the classification of these cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis. . . . .	1	3	4
Gonorrhoea . . . . .	30	7	37
Other conditions . . . . .	100	15	115
	<hr/> 131	<hr/> 25	<hr/> 156

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.

## PART III. LOCAL HEALTH SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

**Notification of Births.**—1,738 live births and 56 still births were notified as compared with 1,694 and 58 in 1957.

**Prematurity.**—142 premature live births were notified, being only two less than in 1957. The peak year was 1956 when 152 were reported (50 per cent more than in 1955).

One hundred and three were born in hospital and 39 in their own home, 90 per cent surviving 28 days as compared with 91.6 per cent in 1957. The percentage of those surviving 28 days was (a) born in hospital-88.5, (b) born at home and nursed at home-96.5, and (c) born at home and nursed in hospital-80.

The following table shows the weights at birth and the numbers surviving :—

Weight at birth	Premature Live Births								
	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and transferred to hospital before 28th day		
	Total	Died in 24 hrs.	Survived 28 days.						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	11	4	5	—	—	—	2	1	1
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	22	4	17	1	—	1	2	—	2
Over 4-lb. 6-ozs. up to and including 4-lb. 15-ozs. ...	25	—	24	9	—	8	3	—	3
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	45	2	43	19	—	19	3	—	2
Totals	103	10	89	29	—	28	10	1	8

**Still births.**—The usual enquiries were made regarding the 56 cases of still birth notified. Only 7 cases occurred in domiciliary practise, the rest being in hospital.

Contributory causes were :—

Anencephaly .. ..	4	Hydramnios .. ..	1
Ante-partum haemorrhage ..	7	Chronic nephritis (maternal) ..	1
Anoxia due to knotting of cord ..	2	Placental morbidity ..	
Prolapsed cord .. ..	1	(including excessive calcification, insufficiency, infarcts, premature separation and ruptured placental vein)	6
Dystocia .. ..	2		
Pre-eclamptic toxæmia .. ..	3		
Post maturity .. ..	1		
Rhesus incompatibility .. ..	9		
Subdural haemorrhage .. ..	4		

In 15 cases there was no known cause. Post mortem examination was carried out in 12 cases and the following causes reported :—

Excessive moulding & cerebral haemorrhage ..	1	Placental separation ..	1
Sub-dural haemorrhage ..	3	Erythroblastosis foetalis ..	1
Petechial haemorrhage in scalp & plena following prolonged labour ..	1	Placental infarcts ..	1
		Gross calcification of placenta ..	1
		Placental insufficiency ..	1

In two cases (1 of post maturity and 1 of hydramnios), no abnormality was found either in foetus or placenta.

In all cases of subdural haemorrhage there was associated dystocia, breech delivery, forceps delivery of presenting occipito posterior, shoulder presentation.

The following tables give some information as to the period of gestation and weight of the foetus.

<i>Period of gestation</i>			<i>Weight of foetus</i>		
44 weeks	..	1	Over 9 lbs.	..	2
43	..	2	Over 8 lbs. and under 9 lbs.	..	4
42	..	2	Over 7 lbs. and under 8 lbs.	..	6
41	..	3	Over 6 lbs. and under 7 lbs.	..	12
40	..	9	Over 5 lbs. and under 6 lbs.	..	7
39	..	5	Over 4 lbs. and under 5 lbs.	..	5
38	..	3	Over 3 lbs. and under 4 lbs.	..	5
37	..	6	Under 3 lbs.	..	15
36	..	4			
35	..	1			
34	..	4			
33	..	4			
32	..	5			
31	..	1			
30	..	4			
28	..	2			

Nineteen cases occurred in first confinements and the foetus was macerated in 30 cases. 43 per cent of still births occurring in hospital were cases admitted as emergencies, ante-natal care having been given elsewhere. It is hoped that perinatal mortality survey undertaken in the early part of the year will elicit valuable information which will lead to new methods of approach to the possible reduction in both still birth rate and neo-natal mortality.

**Infant Welfare Centres.**—There was again an increase in the total number of attendances, but only 178 as against 1,994 in 1957. Owing to the campaign against poliomyelitis, many toddlers' clinics were cancelled and the attendances would be correspondingly reduced. There was an increase in the number of children making their first attendance under the age of 1 year and also in the number of children attending and born in 1958, but a drop in the number of children attending born between 1957 and 1953.

The old routine of weekly attendances at infant welfare clinics for the sake of recording weight has finished and a drop in attendances is to be expected and welcomed, provided that a full reorganisation of the teaching function of the clinics is realised both by staff and mothers. Again, I would stress the importance of routine medical inspection of toddlers and early detection of developmental defects both physical and mental. Toddlers' clinics are of infinite value to both mother and child and adequate time should be set aside for advising.

It is regrettable that so much time has been lost during 1958, but against this must be set the gain from poliomyelitis vaccination of so many toddlers.

There has been an alteration in clinics, a new one opened at Scartho to serve the new Scartho and Springfield estates, and a transfer of the Chelmsford clinic to a church hall on the Littlecoates estate.

Breast feeding difficulties are again catered for by the loan of scales and a health visitor follows up each case with intensive home visits.

Test feeding scales were lent to 97 mothers and in 42 cases breast feeding was maintained successfully.



**Mothercraft.**—There has been no change in the weekly class held at each of the three clinics. All are popular—the hospital one particularly so, but I think the very large number of expectant mothers attending there militates against full achievement : a smaller group seems to be not only easier to teach but more receptive, and the friendly atmosphere built up is of great value in giving the mother to be confidence and contacts. This is particularly noticeable in young expectant mothers who are strangers to the district and have not had time to make friends. The friendly relationship between health visitors and class members is evidenced by the return visit of mother and new baby and the chat over a cup of tea with resultant exchange of experiences.

Attendances at mothercraft classes totalled 2,027 and there were 290 new cases.

The Parents' Club at Watkin Street clinic is still running successfully but as in former years it seems to attract only the better type who wants to partake of the services, both social and educational, they provide. 895 attendances were made.

**Distribution of Milk.**—This has continued as before, but arrangements have had to be made for new premises for the distribution of welfare foods in 1959.

**Ante-natal clinics.**—1,069 cases attended, 1,034 being new cases. This includes cases attending the midwives' clinics as well as those referred by doctors but hoping to be confined at the Cleethorpes Maternity Home. The latter type attended only for blood to be taken, but all are referred to the mothercraft classes. There were 1,033 attendances at medical officers' sessions, and 2,170 at midwives' sessions.

The relationship between the general practitioner obstetricians and midwives is excellent, and the friendly relationship is further demonstrated by the large number of cases referred by them to the local authority clinics, many sending their patients to the maternal and child welfare clinics for ante-natal care. Only 54 cases did not book a general practitioner obstetrician for confinement during 1958.

**Post-natal clinics.**—All cases requiring post-natal examination and advice are seen at the end of ante-natal clinic sessions, but only 32 cases attended.

**Infant Mortality.**—1958 did not maintain the good record established in 1957. The infant mortality rate rose from 18.9 to 25, there being 46 deaths. Only 14 of these deaths occurred in infants over the age of 4 weeks and the causes certified were :—

Acute respiratory infection	3	Gastro enteritis	..	..	1	
Broncho pneumonia	..	2	Enteritis	..	..	1
Laryngo tracheitis	..	1	Pneumococcal meningitis			2
Measles and pneumonia	..	1	Cerebral abscess	..	..	1
Asphyxia	..	..	..	..	..	2

**Neo-natal deaths.**—The neo-natal mortality rate was 17.5, and the 32 deaths were attributed to the following causes :—

Acute respiratory disease	7	Prematurity	..	..	14
Congenital defects .. ..	5	Injury at birth	..	..	2
Atelectasis .. ..	2	Amyotomia congenita	..	1	
Cerebral softening ..	1				

Although 14 cases only were certified as due to prematurity, in an additional 3 cases who died from pneumonia and congenital defects, prematurity was an associated cause. The period of gestation in the 14 deaths due to prematurity varied as follows :—

26 weeks	..	2		
28 "	..	2		
31 "	..	2		
32 "	..	1		
33 "	..	1		
34 "	..	1		
35 "	..	2		
36 "	..	3		
			<i>Weight</i>	
			Under 3 lbs. . . . .	5
			Over 3 lbs. and under 4 lbs. . .	4
			Over 4 lbs. and under 5 lbs. . .	3
			Over 5 lbs. and under 6 lbs. . .	2

Investigation into the causes of the onset of premature labour showed that in too many cases there appeared to be no obvious cause.

3 cases occurred in twin pregnancies

4 " were associated with ante-partum haemorrhage

1 " was associated with maternal ill-health (tuberculous spine and pyelitis.)

1 " was due to toxæmia of pregnancy.

Eleven of the 14 did not survive 19 hours.

Again I would stress the fact that under the National Health Service Act, medical advice and hospital treatment are obtained early. Pre-1948, many cases of premature labour occurred at home without any medical advice or midwifery aid being sought or obtained until after delivery. Such cases were accepted as miscarriages or still births. Now, with hospital treatment being obtained at the onset of premature labour, many infants born prematurely survive for a few hours, even after only 26 weeks gestation. Whether the rise in neo-natal mortality is real or only apparent due to more speedy care of the woman in premature labour and therefore to more statistical information is open to doubt, but the fact remains that little progress has been made in lowering the neo-natal mortality rate.

**Maternal mortality.**—There was one maternal death certified as due to fulminating toxæmia of pregnancy. Hospital treatment was obtained but not until after the patient had been ill for 36 hours ; in fact, no medical help was sought until the patient was almost comatose. There had been no indication of toxæmia during the 8 weeks since the original booking of general practitioner obstetrician and midwife, and post mortem findings did not indicate a toxæmia death due to pregnancy. It is suggested that death was due to hyperglycaemia, as the urine contained acetone and a reducing substance, but no albumen.

Multiparous women are still inclined to take the view that after previous normal pregnancies and confinements there is no need to take adequate steps to secure ante-natal care. Late booking of general practitioner obstetrician and midwife is common and the development of symptoms of morbidity is overlooked or accepted as " just one of those things " common to pregnancy.

**Ophthalmic treatment.**—21 cases were referred from maternal and child welfare centres and received treatment.

**Ophthalmia Neonatorum.**—Three cases were notified and in no case was there any impairment of vision.

**Pemphigus Neonatorum.**—No case was reported during the year.

**Orthopaedic.**—97 cases were referred from maternal and child welfare centres for orthopaedic treatment, as compared with 73 the previous year.

**Child Minders.**—One person remained licenced under the Nurseries and Child Minders Regulation Act, 1948.



## DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	250	250	250	144
Children under five	313	299	299	270

Forms of dental treatment provided :—

	Scalings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	83	187	..	..	785	187	50	27	2
Children under five	8	27	8	..	702	241	..	..	..

## MIDWIFERY

Only 54 women did not book a general practitioner obstetrician for confinement and no general practitioner obstetrician attended at any of these confinements, though medical aid was called for to 21 of the above cases.

There was again a slight drop in the number of domiciliary confinements from 731 in 1957 to 719 in 1958. Of the 665 cases booked by general practitioner obstetricians and midwives together, the midwives delivered 581 and in only 84 cases acted as maternity nurses. Thus, they acted as maternity nurses only in 12.6 per cent of the total cases.

There is still a sufficient number of domiciliary cases for the training of Part II pupil midwives, eight of whom spent one to three months on the district during the year, and confined 87 women.

Despite the slight drop in the number of confinements the actual visiting increased from 20,942 in 1957 to 20,980 in 1958.

		1958	1957
Ante-natal visits	..	5,212	5,227
Nursings	.. ..	14,600	14,641
Special	.. ..	257	237
Ineffective	.. ..	911	837
Total		20,980	20,942

This was largely due to an increased number of cases discharged from hospital for home nursing, viz. :—

		1958	1957
No. of cases transferred for home nursing	..	518	342
No. of visits	.. .. .	1,373	802

Breast feeding was fully maintained for 14 days in 90.8 per cent of the total domiciliary cases. The reasons given in 56 cases for weaning were :—

Cracked nipples .. ..	4	Poor lactation .. ..	19
Inverted nipples .. ..	4	Refusal of mother .. ..	8
Maternal ill-health .. ..	2	G.P.O.'s instructions (no	
Multiparity .. ..	2	reason given) .. ..	5
Previous breast abscess .. ..	6	Baby — poor feeder .. ..	5
		—frequent watery stools .. ..	1

As in former years, analgesia was given to all cases according to their needs, as follows :—

Gas and air ... 496; Trilene .. 28; Pethidine .. 378, but 299 cases had Gas and Air and Pethidine, 1 Gas and Air, Trilene and Pethidine, 22 Trilene and Pethidine, 196 Gas and Air only, 56 Pethidine only, and 9 Trilene only.

Of the 127 who had no Gas and Air analgesia, the reasons and percentage of cases were :—

No certificate .. ..	8.9	Midwife called too late ..	28.0
Born before arrival .. ..	23.0	Analgesia not needed .. ..	12.0
Patient refused .. ..	24.0	Medical grounds .. ..	4.4

Two sets of Trilene apparatus were provided for the use of teacher midwives during 1958 and provision made for similarly equipping all district midwives during 1959. Gas and Air outfits have been deteriorating to such an extent that effective analgesia has become difficult to maintain, hence the need for replacement with Trilene outfits.

Medical aid was called in by midwives to 66 cases, 45 of whom had previously booked a medical practitioner under the National Health Service Act. The reasons for calling in medical aid were :—

#### Ante-natally

Albuminuria .. ..	1	Ante-partum haemorrhage ..	1
Hypertension .. ..	2	Anxiety state .. ..	1

#### During labour

Premature rupture of membranes .. ..	5	Breech presentation .. ..	1
Epileptic convulsions .. ..	1	Face presentation .. ..	1
Delay in first stage .. ..	1	Ruptured perineum .. ..	10
Delay in second stage .. ..	1	Retained placenta .. ..	4
Impacted shoulder .. ..	1	Post-partum haemorrhage ..	2

#### Puerperium

Abscess right hip .. ..	1	Offensive lochia .. ..	2
Anaemia .. ..	1	Phlebitis .. ..	1
Flushed breast .. ..	1	Puerperal Pyrexia .. ..	1

#### Baby

Asphyxia .. ..	1	Jaundice .. ..	1
Excessive loss of weight .. ..	1	? Fractured humerus .. ..	1
Cyanotic attacks .. ..	2	Prematurity .. ..	2
Congenital defect .. ..	1	Staphylococcus infections	
Convulsions .. ..	1	(including sticky eyes 10,	
		Paronychia 2, sores 2) .. ..	14

## HEALTH VISITING

Miss Hardwick joined the staff on the 1st August, but Mrs. Metcalfe resigned on the 30th June, so that the shortage of staff continued and the district work had to be restricted to specially selected cases.

The total number of visits to children under 5 years of age was 20,051 as compared with 19,512 in 1957. The slight increase was made possible by the provision of a car for general use by health visitors so that less time was wasted in travelling. This was particularly useful on the new housing estates in outlying districts in enabling health visitors to cover their visits and help in other areas where there was no health visitor. 3,782 ineffective visits were made to children under 5.

The percentage of visits made to expectant mothers was 46.5, including 73 ineffective visits.

**Problem families.**—No home help was provided for problem families during 1958 although arrangements were made for their provision and then cancelled following the development of self-help.

Again, more attention has been devoted to the special rehabilitation of pre-problem families and much help has been given by concentrated visiting. There has also been a fuller realisation of the help obtained through case conferences and pooling of knowledge : regular monthly case conferences have been held and a considerable number of families have been given help and an incentive to help themselves.

Ill-health, multiparity, overcrowding and bad housing conditions figure largely in the development of problem families, but there is no doubt that poor mentality, in this area at any rate, has a major responsibility for such cases.

## HOME NURSING

The staff position in this Service at the end of the year was :—

### *Whole time-*

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 1 Assistant Superintendent (S.R.N., S.C.M., Q.N.),
- 3 Queen's Nurses (including two males)
- 7 State Registered Nurses
- 3 Enrolled Assistant Nurses

### *Part-time*

- 1 Enrolled Assistant Nurse

During the year, the Superintendent attended an administration course and a state registered nurse a post-graduate course, both arranged by the Queen's Institute of District Nursing. An enrolled assistant nurse also attended a post-graduate course of the Royal College of Nursing.

Student nurses from the local hospitals continued to be shewn the work of this Service.

An "Easi-cari" hoist was purchased by the General Care Committee to assist in the nursing of an exceptionally heavy and spastic patient.

The following table shows the work done :—

Cases being nursed on 1st January .. ..	262
New cases nursed during the year;—	
Adults .. ..	894
Children 5 to 15 years of age ..	23
Children under 5 years of age ..	19
	<hr/>
	936
	<hr/>
Total .. ..	1,198
	<hr/>

The figures given below show the total cases and the number of visits compared with the two previous years:—

<i>Year</i>	<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
1956	959	1,169	36,111
1957	909	1,156	38,029
1958	936	1,198	39,411

### Summary of New cases nursed

#### ADULTS

##### Notifiable diseases:—

Tuberculosis .. .. .	34
Pneumonia .. .. .	6
Others .. .. .	1

##### Maternal:—

Post-Natal pyrexia .. .. .	6
Miscarriage .. .. .	4
Others .. .. .	28

##### Surgical:—

Acute .. .. .	47
Chronic .. .. .	31

##### Medical:—

Diabetes .. .. .	73
Broncho-pneumonia .. .. .	24
Bronchitis .. .. .	29
Other chest conditions .. .. .	14
Rheumatic conditions .. .. .	7
Cerebral haemorrhage — under 60 .. .. .	5
„ „ — over 60 .. .. .	81
Cancer .. .. .	61
Ear, nose and throat .. .. .	2
Gynaecological .. .. .	38
Cardiac disease .. .. .	89
Disseminated sclerosis .. .. .	1
Senility .. .. .	118
Enemata .. .. .	86
Others .. .. .	109
	<hr/>
	894

#### CHILDREN 5 to 15 YEARS OF AGE

Medical .. .. .	21
Surgical .. .. .	2

#### CHILDREN UNDER 5 YEARS OF AGE

Medical .. .. .	15
Surgical .. .. .	4

Total .. .. . 936



**Injections.**—The nursing staff gave injections to patients in their homes, as follows:—

Diabetics (insulin)	..	..	..	..	..	73
Antibiotics	..	..	..	..	..	111
Diuretics	..	..	..	..	..	35
Liver preparations	..	..	..	..	..	46
Cortisone	..	..	..	..	..	7
Other special injections	..	..	..	..	..	7

Out of the above total of 279 patients receiving injections during the year 35 also required general nursing care. An increase in the number of cases receiving injections is noted, especially to diabetics and to patients needing liver preparations and antibiotics.

There has also been a definite increase in the number of children nursed and this is in keeping with the modern trend of avoiding admission to hospital unless absolutely essential.

Co-operation with general medical practitioners remains good and all treatment carried out is under their instructions.

No addition has been made to the hospital beds available for the chronic sick and therefore considerable strain has again been thrown on this Service.

## VACCINATION AND IMMUNISATION (Section 26)

**General.**—During the year some thirty-three thousand injections were given to children of the Borough as a specific preventive measure of one form or another. This represents for the Department more or less a boom year in that returns for all immunising procedures are on the increase. To some extent this is contrary to what one would expect as public attention is being focused by press, cinema and television upon the dreaded effects of poliomyelitis and it is gratifying that parents are putting time, effort and thought into immunisation against the other infective conditions against which we protect.

It is unfortunate that the fishing section of the community is not particularly immunisation minded and doubly so because Grimsby is both a fishing and commercial port. Based roughly upon observation at infant welfare clinics it would appear that there exists a form of inherited paternal mental attitude which causes primary small pox vaccination for the young to be postponed until either emigration or entry into the services. In later life primary vaccination can be a particularly painful experience at or after the eighth day and with it there exists a greater risk of viral encephalitis. It is from this type of sore arm syndrome that parents are in ignorance trying to save their children. During the year more time was spent with mothers at infant and toddler clinics thrashing out the pros and cons of vaccination in infancy, and this time it was rewarded in attendance not only for smallpox vaccination, but also for poliomyelitis and combined diphtheria immunisation.

The anxious parent, generally with the first child, responds to the customary propaganda by accepting the various types of immunisation now given for smallpox, diphtheria, whooping cough, tetanus and B.C.G. where indicated. Because of the multiplicity of injections a stage is reached in some cases where parents do not know what was or what was not done to their children. It would be a good idea for every family to keep records at home and, as in a former era, to make entries in the Family Bible (which was a recognised permanent record) of events other than births, deaths and marriages. These home files would help doctors by avoiding the dangers of reduplication of injections, and also would be a time saver for our clerical staff.

The work of immunisation goes on in conjunction with the ordinary work of the department, and it required a greater effort on the part of the staff. It is felt that this work energy is amply rewarded if we safeguard a medical colleague from his greatest dread which is explaining to a distracted parent why 'little Willie' died of poliomyelitis, diphtheria, whooping cough or tuberculosis in its many forms. Furthermore should an unimmunised 'little or big Willie' recover from these conditions his cure and continued care by the medical profession with its ancillary services frequently becomes a protracted national expenditure. Through our immunisation service indirectly we help ourselves and our rate-payers by enabling the National Health Service to function at a lower weekly rate per head of population.

**Administration.**—Immunising sessions are held as advertised in the local paper at Watkin Street, Nunsthorpe and Hope Street Welfare Centres on the first, second and Third thursdays of each month from 10 to 11.30 a.m. These are attended mainly by infants and toddlers for smallpox and for combined diphtheria immunisation, and it is hoped to include poliomyelitis vaccination next year at these sessions. Combined immunisation against diphtheria, pertussis and tetanus remains popular, and we eagerly await the inclusion of polio to make this a four in one which will cut down the number of injections a child will require. To cope with the greater numbers because of poliomyelitis immunisation it was necessary to arrange, when occasion demanded, further sessions at the School Clinic, the Nurses' Home in Dudley Street and the Occupation Centre, and in arranging these sessions the centre chosen in the main was that which was considered the most convenient for the parent.

It was decided to work to a definite timetable schedule for infants where possible, namely—3 months—smallpox ; 4, 5 and 6-months—combined immunisation ; and 7 to 8 months—poliomyelitis vaccination. Where infants are presented at an age which will not fit into this pattern then we immunise according to the epidemic pattern bearing in mind that diphtheria and whooping cough are winter diseases and spread at a time when people congregate together around the fire to keep warm, and that poliomyelitis is mainly a summer infection.

Children between the ages of 5–15 years are best immunised at school because worthwhile numbers per session are possible and also because it interferes very little with their education. Any child who missed an injection on the appointed day is always followed up and given an appointment to attend at the Thursday morning infant welfare sessions or to attend at the School Clinic during half-term. Infant and junior pupils are given primary or re-inforcing diphtheria immunisation injections at school and seniors are given B.C.G. vaccination as indicated by the Heaf test. Poliomyelitis vaccination with either British or American vaccine is also given at school to the entire age group. We like to interfere as little as possible with the school curriculum and we appreciate the kindness and interest shown by all of the headteachers in arranging these sessions. Children attending non-maintained schools in the area are catered for by the clinics.

The backroom boys, our clerical staff, have had a busy period completing and filing request forms for immunisation. Their work was complicated by the necessity of having to keep separate files for American and British vaccine, and later in the year with having to cope with those parents who preferred M.R.C. tested poliomyelitis vaccine as opposed to M.R.C. non-tested. As the supplies of British vaccine declined our files dealing with British vaccine requests grew. Correspondence to parents explaining the position became a necessity and many original British vaccine requests were changed to American. By such means our waiting lists were reduced to practically nil. The administration of the campaign was on occasion handicapped because of the arrival of large supplies



on short notice, and because of storage and other difficulties the vaccine had to be used quickly and this necessitated the cancellation of other work, mainly school medical inspections. The result of this extra work is that we are behind in our routine inspections of the eight-year-old school children, which is unfortunate because this is the age at which important defects of eyes and ears, etc., can seriously interfere with their education.

**Whooping cough immunisation.**—Whooping cough victims are in general susceptible children of overcrowded homes where transmission by drop-let infection occurs easiest. The poorer the home environment the earlier will symptoms develop and the younger the child the greater will be the mortality rate. Girls tend to have a more serious form than boys because of a weaker skeletal system which makes clearing the chest more difficult and eighty per cent. of cases occur under the age of five years. Mortality is highest around Spring and lowest in Autumn because of the risk of secondary infection.

The earlier vaccines were not completely satisfactory in stimulating antibodies but modern vaccines are produced by a newer technique and their use ensures an average guarantee of protection although it is possible to develop subsequently an abortive form, i.e. whooping cough without a whoop. The practice of combining it with other antigens, namely diphtheria formol toxoid and tetanus toxoid, does not greatly increase the cost and has the dual further advantages of lessening the eventual number of injections required which is a psychological consideration for any child, and is labour saving.

The number of children who received a primary course of immunisation against whooping cough was 1,191 and re-inforcing injections were given to 55 children. In the previous year 1,094 were protected.

**Diphtheria Immunisation.**—It was the practice until the early part of this year to immunise infants with two doses of alum precipitated toxoid and the over fives with toxoid-antitoxin floccules (T.A.F.). A circular from the Ministry of Health was received stating that the Central Health Services Council advised the discontinuation of alum immunising agents and this request was based upon M.R.C. recommendation. The Medical Research Council by statistical methods proved what was suspected for a long time and that is the association between provocative poliomyelitis and the use of alum as distinct from non-alum agents. It is now our practice to use T.A.F. and also combined immunisation as the risk of contracting poliomyelitis with either is minimal.

A total of 1,472 children received the complete course of inoculations with 588 being performed by general medical practitioners. The previous year accounted for 1,247 primary immunisations. The number of children fully protected in the age group 0—15 years represents 82 per cent. of the child population as compared with 81 per cent. last year.

Re-inforcing injections were given to 1,595 children, of which 107 were done by general practitioners. The following table shows the immunisation figures over the last five years.

YEAR	PRIMARY IMMUNISATION			REINFORCING INJECTIONS
	Under 5 yrs.	5-15 yrs.	Total	5-15 yrs.
1954 ..	1,084	1,482	2,566	4,851
1955 ..	962	337	1,299	1,012
1956 ..	1,168	251	1,419	973
1957 ..	1,112	135	1,247	1,386
1958 ..	1,204	268	1,472	1,595

**Smallpox vaccination.**—There has been a substantial increase in the number of smallpox vaccinations carried out this year, and it is the highest so far. The percentage of children under the age of one year who were vaccinated in relation to the registered births was 22 per cent. as compared with 23 per cent. in 1957. Details of the number of vaccinations during the past five years are given in the following table :—

YEAR	PRIMARY VACCINATIONS					RE-VAC- CINATIONS.	
	AGE PERIOD					Total	All Ages
	Under 1	1-4	5-14	Adults			
1954 ..	362	64	33	79	538	196	
1955 ..	308	114	24	80	526	114	
1956 ..	339	81	14	71	505	136	
1957 ..	426	123	32	103	684	257	
1958 ..	402	247	68	96	813	279	

The only observation under this heading which one can make is that during the Scunthorpe scare of 1958 we had a pretty busy week or ten days, obviously an ounce of scare is worth a ton of propaganda to make people see the light !

**Poliomyelitis vaccination.**—During the year the Minister of Health extended poliomyelitis vaccination so as to include all from the ages of 6-months to 25-years, and also requested that a third injection be given seven months after the second as recommended by the Medical Research Council. The 15-25 age group is a particularly difficult group to plan for because firstly our working days co-incide, and secondly because absence from work could mean loss of earnings if they did attend clinics. At first evening sessions were envisaged but the number of applications received did not warrant this. Some factories requested sessions on the premises and these were arranged when numbers sufficed. Again we like to interfere as little as possible and where practical tea-breaks were used so as not to lower industrial output. Many of the local authority departmental staffs and school staffs have been immunised and in the coming year we would like to expand this avenue of approach as it appears to be the most likely way of attaining success with this group.

In addition to these there still exists the priority groups, namely, doctors, nursing staff, laboratory technicians, ambulance staffs and their families. The result in this group has been very satisfactory and particularly so with our ambulance employees. Expectant mothers also qualify with this group, and the object of injecting them is to immunise both mother and child. To attain this ideally the injections should be given between the 3rd and 6th months of pregnancy and this enables transplacental passive immunity to be transferred to the infant, and this is later re-inforced if the child is lucky enough to be breast fed. Many mothers seek injection in the final month of pregnancy and although the mother is immunised the infant can be protected only if the second injection is given at the correct time and again only if breast feeding occurs. Should the baby be bottle fed then an injection in late pregnancy could never reach an antibody titre high enough to last the baby until the age of six months when it becomes eligible for vaccination. Although there is a tendency for a greater percentage of mothers to seek vaccination, in the coming year we would like to see them much earlier than the present vogue so as to impress upon them this added advantage of breast feeding.

By the end of the year 15,485 persons had received two injections and third injections had been given to 3,134. So far as the child population is concerned the percentage immunised is now 60 (under 5-years 41% and 5 to 15-years 69%). Of the total persons vaccinated 1,415 were done by general medical practitioners. It is also pleasing to report that no case of poliomyelitis was reported in Grimsby from a person who had been vaccinated, nor were there any reactions. The following table shows clearly the position in regard to the poliomyelitis scheme since its inauguration in 1956.

### POLIOMYELITIS VACCINATION

<i>Age at date of completed primary injection</i>	1956	1957	1958	Total
Under 1 year	--	—	85	3,471
1—2 years	—	—	834	
2—3 years	16	6	859	
3—4 years	56	73	863	
4—5 years	44	107	735	5 to 15 years 10,942
5—6 years	84	122	673	
6—7 years	74	244	630	
7—8 years	84	650	502	
8—9 years	91	703	297	
9—10 years	94	796	256	
10—11 years	—	764	284	
11—12 years	—	—	305	
12—13 years	—	—	1,207	
13—14 years	—	—	973	
14—15 years	—	—	1,045	
15—16 years	—	—	857	
Totals	543	3,465	10,405	14,413
Young Persons	—	—	478	} 1,072
Expectant Mothers	—	—	220	
Other Adults	—	—	374	
Grand Totals	543	3,465	11,477	15,485
No of persons given third injections	—	—	3,134	3,134

### AMBULANCE SERVICE

The returns for this service are again showing increases in both patients and mileage. Considering the fall reported in the last return there is a feeling of disappointment that the decline has not continued. Fortunately the rise has not been as steep as the fall. Last year the percentage decrease was 7.9 and 11.07 respectively as against the present increase of 4.5 and 6.9. It would be difficult to assert that this upward movement has been induced by any particular circumstance; indeed, any attempt at explanation may not be borne out in future returns as last year's fall was not peculiar to this service and a similar trend was present in most other services throughout the country. If, as believed, a levelling out is taking place then the return is not unfavourable for fluctuations are to be expected.



During the year 21,937 calls were received. 76 of these originated in places outside the borough and were transmitted to the appropriate authority. 28,059 patients were transported and 140,602 miles covered by the vehicles. Rail transport accounted for 52 journeys as compared with 49 last year. Of the number of patients carried 2,341 were accident or other type of emergency cases.

It is gratifying to report that efforts made to re-route vehicles by telephone have been successful as is evident by a further reduction in the number of journeys undertaken. Mileage covered by empty vehicles has diminished. The service continues to receive the greatest possible assistance from local hospitals in regulating the flow of patients to and from out-patients departments and clinics, and the better understanding reached with consultants and general medical practitioners is having its reward if only by diverting long distance cases to rail where practicable. On the other hand, it is regrettable that similar relations do not exist with the specialist hospitals; some improvement has been gained but a more realistic means of co-ordination is required. Every effort is being devoted to achieve this purpose, especially by preventing the duplication of journeys in neighbouring authorities.

Four more Stephenson Minuteman Resuscitators were purchased during the year bringing the total now in service to six. A new 12-seater dual purpose ambulance was also brought into service and the last of the vintage vehicles sold. The entire fleet is now built up of post war models.

Since 1948 the work of the service has more than doubled yet no additions have been made to the administrative or driving staff nor have any been requested. The sickness rate has been so low as not to have impeded the normal working of the shifts. This year the reverse has been the case. As many as three members of the driving staff have been away from duty for long periods, disorganising the working rotas and putting considerable strain on those already actively engaged. To prevent a breakdown heavier work and a tighter control of the service was unavoidable. The challenge was met and overcome and no praise can be too high for those who carried and are still carrying the extra load with unimpaired efficiency.

The National Competition for Ambulance Services has now become an annual event. A team from the service was again entered. During the summer months, competing in the regional round, they succeeded in winning the Regional Cup and qualified to meet the winners from other regions at the final. This event was staged at H.M. Police College, Ryton-on-Dunsmore, where, in the presence of Ministry of Health officials, the team excelled themselves winning the contest by a clear eight points from their nearest rivals and gaining the coveted National Trophy. This Trophy and the Regional Cup grace the duty room at the ambulance station where they will remain until next year. It is hoped that a team will be entered to defend the title, but whosoever the future winners may be, the name of Grimsby remains engraved for all to see. The team is to be congratulated on a fine performance—they have distinguished themselves and brought honour to the ambulance service and their town.

Statistical tables are given below, the figures in brackets correspond with the previous year:—

			CALLS.	JOURNEYS IN DISTANCES		
Accidents .. ..			1,241	(1,243)		
Other emergency ..			942	(982)	Under 50 miles	6,406 (6,817)
Removals .. ..			19,333	(17,678)	50-100 miles ..	306 (269)
Miscellaneous ..			416	(442)	Over 100 miles	144 (127)
Total .. ..			<u>21,932</u>	<u>(20,345)</u>		

## OPERATIONAL

<i>Type of Case</i>	<i>Patients</i>		<i>Journeys</i>	
Accidents ..	1,344	(1,334)	1,241	(1,232)
Other emergency	997	(1,016)	942	(980)
Removals (Local)	24,528	(23,006)	3,851	(4,159)
Removals (Others)	945	(1,235)	481	(476)
Miscellaneous ..	245	(238)	341	(366)
<b>Totals .. ..</b>	<b>28,059</b>	<b>(26,829)</b>	<b>6,856</b>	<b>(7,213)</b>

## ANALYSIS OF ALL JOURNEYS

<i>Type</i>	<i>Patients</i>		<i>Journeys</i>		<i>Mileage</i>	
EMERGENCY						
Ambulances	1,630	(1,678)	1,511	(1,569)	8,112	(8,453)
Sitting Case Cars	711	(672)	683	(644)	4,201	(3,894)
GENERAL						
Ambulances	14,652	(14,745)	2,457	(2,732)	59,128	(60,282)
Sitting Case Cars	11,066	(9,734)	2,088	(2,147)	60,980	(53,751)
ABORTIVE AND SERVICE						
Ambulances	—	(—)	111	(140)	994	(1,725)
Sitting Case Cars	—	(—)	232	(199)	3,014	(2,262)
CIVIL DEFENCE						
Ambulances	—	(—)	—	(—)	—	(—)
Sitting Case Cars	—	(—)	161	(41)	4,173	(1,094)
Totals	28,059	(26,829)	7,243	(7,472)	140,602	(131,461)
BY RAIL						
	53	(50)	52	(49)	8,197	(7,806)

## VEHICLE STATISTICS

	<i>MILES</i>		<i>PETROL (GALLS.)</i>		<i>M.P.G.</i>	
Ambulances	61,287	(70,290)	4,708	(5,503)	13.02	(12.77)
Dual Purpose						
Ambulances	49,561	(29,029)	2,362	(1,255)	20.98	(23.13)
Sitting Case Cars	29,754	(32,142)	1,699	(1,818)	17.51	(17.68)

## AVERAGES

Mileage per patient ..	5.01	(4.89)
Mileage per journey ..	19.41	(17.59)

## OTHER AUTHORITY CASES

<i>CHARGEABLE</i>			<i>NOT CHARGEABLE</i>		
Patients carried	13	(19)	Patients carried	11	(25)
Miles travelled	199	(324)	Miles travelled	555	(1,330)

## OTHER CHARGEABLE MILEAGE

CIVIL DEFENCE	4,173	(1,994)
MISCELLANEOUS	458	(640)



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

This has been the first complete year since the shared almoner service was discontinued and the new post of social worker in the Health Department created, and it is now possible to see how the re-organised service is shaping.

New patients seen by the social worker during the year totalled 204 and casework was continued in 653 cases. The number of patients seen in hospital was 16; interviews in the Health Department totalled 237, and 581 home visits were made.

These figures show that the number of domiciliary visits has proportionally increased. Now that there is a hospital almoner service, it is possible for the social workers to carry on more intensive case work with patients in the community. As in previous years, many of these are aged infirm and chronic sick. These home visits are particularly valuable as they enable the caseworker to deal with patients in their normal environment and help her to appreciate the influence of domestic factors on health.

The emphasis on working in the community also allows the social worker to give more time and thought to the prevention of illness.

**Central Care Council.**—The General Care Committee of this Council has given financial assistance to 20 patients and their families during the year, the type of help given being similar to that in previous years.

Other voluntary associations have also given assistance to three cases, and the National Society for Cancer Relief gave weekly grants for extra nourishment to five patients.

**B.C.G. Vaccination.**—The Ministry made available to local authorities British freeze dried B.C.G. vaccine in addition to the Danish Liquid B.C.G. vaccine. The fact that the freeze dried type can be stored for a greater period of time in a refrigerator overcomes administrative difficulties as local sessions can now be much more elastic. When the peak of poliomyelitis inoculations is past it is hoped to expand this service, as requested by the Minister, and later to offer B.C.G. to all students. Student teachers should be vaccinated because firstly they may become a later source of infection to schoolchildren, and secondly because a dormitory life for any student may lead to invalidism if one's next bedmate is an open case.

A tuberculin positive reactor generally indicates exposure to an open case of tuberculosis if the milk supply is above question. Most county boroughs have adequate pasteurisation facilities for milk, and 'open' milk is now only drunk by rural children. Consequently in borough areas a positive tuberculin reactor indicates in the main exposure to an open case of tuberculosis. Legislation provides for B.C.G. vaccination of thirteen year olds and those who have a positive skin test are not vaccinated. These children have been infected by three main sources—home,—playmate or teacher. In school entrants a positive reaction excludes teaching staff, and in the case of other protected children also excludes playmates which leaves home the remaining possibility. Tuberculin skin testing of school entrants therefore would be a useful source of contact tracing and list of positive reactors could be referred to the local chest clinic for further tuberculin testing of those at home, which would lead to the case.

The injecting of B.C.G. is an art and no doctor should undertake the responsibility of injecting a patient without instruction as abscesses and other complications may result from improper usage. Our medical staff received expert instruction from the local chest physician, and are now proficient vaccinators. The Heaf gun (1 mm.) is the simplest method of skin testing. The gun is flame sterilised before use and also a platinum loop with which we spread the testing material on the skin, i.e. P.P.D. 1/1,000. In three days time

the reaction is noted and all negative reactors receive freeze dried B.C.G. The equipment for vaccination is autoclaved at Springfield Hospital by arrangement, and the kit is transported to the session in sealed containers. Therefore, one can be satisfied that most risks of cross infection have been reduced to a minimum. The only remaining possibilities are vaccinator and vaccinated and as regards the vaccinator training, experience and reliability are the final criterion of successful vaccinations.

The following shows the number of persons vaccinated during the past five years :—

YEAR	CONTACT SCHEME	SCHOOL CHILDREN SCHEME
1954 .. ..	261	320
1955 .. ..	137	297
1956 .. ..	168	400
1957 .. ..	251	408
1958 .. ..	225	456

Detailed information on this year's figures may be seen in the School Health section of this report.

### DOMESTIC HELP

During the past year 430 applications for domestic help were received, many of these having been referred in the first instance by doctors, almoners, nurses, health visitors and midwives, and by the staffs of the Welfare Services, National Assistance Board and voluntary bodies. Upon investigation 216 of these were provided with help and 359 cases continued to receive help from the previous year. The type of cases dealt with are elderly, infirm, chronic sick, tuberculous, blind, maternity and emergency.

It was found necessary during the latter part of the year to allocate more hours per case thus necessitating the employment of more home helps, the position regarding recruitment having eased considerably.

The average number of cases attended weekly was 319 compared with 292 in 1957. There was a marked decrease in maternity cases against the previous year and 75 per cent of these were provided with part-time help only, due in no small measure to the cost of the service.

The following relates to the working of the scheme :—

Administrative staff on 31st December, 1958:—

Organiser .. .. .	1 {	2.35
Clerks (full-time 1, part-time 1) .. .. .	2 }	

Home Helps employed at 31st December, 1958:—

Whole time .. .. .	6 {	112
Part time .. .. .	106 }	

Cases assisted:—

Maternity (including expectant mothers) .. .. .	80 {	575
Tuberculosis .. .. .	2 }	
Chronic sick, aged and infirm .. .. .	450 }	
Others .. .. .	43 }	

The following figures show the amount of service given in a representative week, when 357 cases were dealt with :—

- 11 patients received 2 hours but less than 3 hours on any one day.
- 166 patients received 3 hours but less than 4 hours on any one day.
- 66 patients received 4 hours but less than 5 hours on any one day.
- 4 patients received 5 hours on any one day of the week.
- 1 patient received 6 hours on any one day of the week.

The remaining 109 cases received 2 or more half days per week and included in this figure are 24 patients (compared with 19 in the previous year) where a home help called for approximately one hour daily. Three full-time confinement cases were also dealt with in this particular week.

**Payment for Service.**—Of the 575 cases assisted, the charges were distributed in the following way :—

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Maternity ... ..	—	57	23
Tuberculosis ... ..	1	1	—
Chronic sick, aged and infirm ...	356	82	12
Others ... ..	13	20	10
<b>Total ... ..</b>	<b>370</b>	<b>160</b>	<b>45</b>

The standard charge remained at 4s. 0d. an hour and there was no alteration in the supervision and conditions of service of home helps.

## MENTAL HEALTH

**Administration.**—The Mental Health Sub-Committee consists of 16 members, 5 of whom are co-opted. The senior mental health worker is responsible to the medical officer of health for the service provided by this section. The senior mental health officer and two male officers act as duly authorised officers and assisted by two women mental health workers are responsible for mental deficiency visiting. The three women officers have social science diplomas and the two male duly authorised officers have attended in-service University courses. The department provides case histories on behalf of patients attending the psychiatric clinic held at the General Hospital. The supervisor of the Occupation Centre and the assistant supervisor in charge of the infant group hold the diploma of the National Association for Mental Health. Two other assistants were previously employed as supply teachers in the county area before joining the staff of the Occupation Centre. One junior and one woman (part-time), together with one man, complete the teaching staff at the Centre.

The provision of psychiatric services has continued during the year. The psychiatrist is available in the town for domiciliary visits as required; three sessions of the psychiatric clinic are held at the two local general hospitals.

Reports on home conditions of patients are provided as required and patients escorted to and from institutions. The provision of short stay care in the summer holiday period has become established but occasionally similar provision is needed at other seasons. The children attending the Occupation Centre are carried in two buses, one of which first collects the children from the Cleethorpes area and then those Grimsby children who live en route.



There is no voluntary association for mental health in the borough, but co-operation with the local branch of the National Society for Mentally Handicapped Children has been further cemented and the boys' club opened as a joint effort to provide similar facilities for boys to those provided by the local authority for girls, has proved an unqualified success and continues to expand.

Officers attend appropriate courses as opportunity arises and one of the duly authorised officers continues to act as instructor to a special woodwork class held at the Occupation Centre.

**Account of work undertaken in the Community.**—Under Section 28 of the National Health Service Act, 1946, visits are paid to all patients as the need arises. Patients are referred by family doctors and relatives, welfare services, police and probation officers, members of council and officers of the N.S.P.C.C. Where this appears to be necessary psychiatric treatment is available with little delay and visits are paid to mentally ill patients as needed in the same way as to mental defectives.

Close co-operation is maintained with officers of the National Assistance Board and the Ministry of Labour which has proved of inestimable value to patients, particularly with regard to re-settlement in the community.

Close co-operation has been maintained with other departments of the local authority, particularly the housing department.

**Lunacy and Mental Treatment Acts, 1890 to 1930.**—The three duly authorised officers are responsible for any urgent action under the Lunacy Acts at whatever hour this may be required.

The two junior mental health workers share the visiting with the duly authorised officers of patients in their homes, escort patients to hospital, visit them on their return home and assist in any way possible to re-establish them in the community. A number of patients visit the office regularly to see their own special officer.

The following cases were admitted to Bracebridge Heath Hospital during the year :—

					Males	Females	Total
Voluntary	..	..	..	..	52	31	83
Temporary	..	..	..	..	—	—	—
Certified	..	..	..	..	31	51	82
Sec. 20 (S.R.H.)	..	..	..	..	3	2	5
Sec. 20 (B.H.H.)	..	..	..	..	19	6	25
Section 21	..	..	..	..	20	14	34
					<hr/> 125	<hr/> 104	<hr/> 229

The above figures include 24 patients regraded to Voluntary status and there was in addition one man admitted as a Voluntary patient to an outside hospital.

Cases have been dealt with by the duly authorised officers as follows :—  
Senior Mental Health Worker—5 plus 13 calls with no action taken under Lunacy Acts.

Mr. Rackham—39 plus 89 calls with no action taken under Lunacy Acts.

Mr. Mackenzie—100 plus 94 calls with no action taken under Lunacy Acts.

The services of the borough ambulances were required on 148 occasions.

**Psychiatric Unit, Scartho Road Hospital.**—There were 26 beds available for female patients in this Unit from the 1st January to 21st September, and for 14 female and 12 male patients from the 22nd September to 31st December. A total of 188 patients were admitted during the year, and the number of E.C.T. treatments given was 579.

Details of out-patient clinics and attendances are as follows :—

					NO OF WEEKLY	
					CLINICS	ATTENDANCES
New patients only	..	..			1	308
Part new/part old patients			..		1	—
Old patients only	..	..	..		2	1,217
E.C.T only	..	..	..	..	2	419
Totals					6	1,944

**Mental Deficiency Acts, 1913—1938.**—The greater number of patients were referred by the School Health and Maternal and Child Welfare Services, the remainder by medical practitioners and the children's officer. The ascertainment form on behalf of school children is completed by the mental health staff and any knowledge of the family is then added to the form. School children reported for supervision on leaving school are visited by the mental health staff.

There are now a smaller number of patients in the borough under Guardianship. Orders on behalf of 3 patients have been discontinued and no new Orders were made during the year.

Treatment was provided for 20 patients at the School Dental Clinic.

The number of cases remaining on the register on 31.12.58 was as follows :—

			M	F	T
(a)	In institutions	(Under 16 years of age)	18	9	27
		(Aged 16 years and over)	83	85	168
(b)	Under Guardianship	(Under 16 years of age)	—	—	—
		(Aged 16 years and over)	12	20	32
(c)	Under Statutory Supervision	(Under 16 years of age)	24	25	49
		(Aged 16 years and over)	133	126	259
(d)	Under Voluntary Supervision	(Under 16 years of age)	—	—	—
		(Aged 16 years and over)	7	19	26
			277	284	561

**Girls' Club.**—The Girls' Club functions under the leadership of the two junior mental health workers on one evening each week from 4 to 8 o'clock, several girls joining the group on leaving their work. The membership remains fairly constant but one notable feature is the manner in which the group as a whole has absorbed three severely subnormal girls whose mannerisms would render them unacceptable in other groups. The girls choose a different centre for a coach outing each year and save their money carefully for this. The Christmas party provided by the local authority is an event eagerly awaited each year.

**Occupation Centre.**—There are forty-six patients in attendance at the centre in addition to fifteen from the surrounding area. The usual centre subjects are taught, with woodwork and gardening as additional subjects for the boys; the girls have an electric sewing machine and a knitting machine, both of which are used by several older girls. A large aviary has been built in the entrance hall and the coloured budgerigars are a never failing source of interest to the children.



## DOMICILIARY HEALTH SERVICES

and

### THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE

This year ends the first decade of the National Health Service, during which time all the personal health services of the local health authority have been finding continually increasing demands being made upon them.

**Care of Mothers and Young Children.**—The work at the infant welfare centres has probably changed less in character, but nevertheless still fulfils an important role in the prevention of ill-health, and certainly the mental aspect of the psychological development of the child has received much more attention than in the past.

Special toddler clinics have been encouraged in order to breach the gap between the infant stage and entry to school. The appointment of a paediatrician by the Grimsby Hospital Management Committee in 1956 has been of enormous value. A health visitor attends his out-patient department and there is the closest possible co-operation between the paediatrician and the local health authority concerning children of all ages.

The ante-natal clinics are still run on similar lines and co-operation with the general practitioner obstetrician is most satisfactory, and that with the maternity hospital has been steadily improved. A health visitor assists at the ante-natal clinic run at the local maternity hospital and a working system of personal notification of early discharge of patients confined at hospital has greatly assisted the continuity of after-care.

Although mothers are given every opportunity to attend post-natal clinics the percentage response on the whole has been disappointing.

**Midwifery.**—This service has been fully maintained and the establishment increased to 11 full-time nurses, all of whom reside in districts in the county borough and are supplied with motor transport. Fortunately, it has been possible to replace those who have retired or left the service, and a small number of pupils is normally available for training on the district.

**Health Visiting.**—Great strain has been placed on the health visitor since she is now expected to look after all age groups in the family unit, and particularly so regarding the selective visiting of problem and pre-problem families.

The local doctors agreed to allow any health visitor to telephone or visit them at their surgeries concerning mutual patients and although this communication has not progressed as one would have wished, it is nevertheless a step in the right direction.

Unfortunately, it has been difficult to replace vacancies in this service, which is seriously depleted in staff. New recruits are usually enrolled by sponsoring students to qualify at suitable training courses.

**Home Nursing.**—This service has steadily developed since 1948, the establishment having increased from 9 to 14 full-time nurses. While the majority of the nurses have been encouraged to train as Queen's Nurses it would have been impossible to maintain the service without employing those with the S.R.N. or E.A.N. qualification. It has been the policy of the local health authority to provide motor transport and this has enabled more work to be done by the same number of nurses.

The character of the work has changed in that many types of cases (including children) are now nursed at home which would have been formerly admitted to hospital, plus the ever increasing demands of the aged infirm and chronic sick. The quicker turnover of hospital beds resulting in earlier discharge also means continuation of nursing care at home. Liaison with the hospital and general medical practitioner services is particularly good.

All cases on the chronic sick waiting list are visited by the medical officer of health, who places them in varying priorities according to their sociological and other needs. This enables the hospitals to use the chronic sick beds to the best advantage.

**Vaccination and Immunisation.**—Vaccination and the varying immunisation processes have developed enormously over the past 10 years and the advent of the poliomyelitis vaccine has thrown great strain on the department.

Special clinics are now established for injections only and regular sessions are held at the schools. While the general medical practitioners have taken part the vast majority of children immunised has been carried out by the personnel of the local health authority.

**Ambulance Service.**—That this service seems to have met the ever increasing demands made upon it is shown by the fact that no additional staff or vehicles have been found necessary. This has been brought about by the replacement of the older type of ambulance with the more economical dual-purpose vehicle, by closer liaison with the hospital service, by eliminating as far as possible long journeys by road, and also by a special arrangement which makes it possible to telephone the various hospitals to re-route ambulances and so cut out 'dead' mileage.

Due to the compact nature of the county borough it has not been found necessary to equip the ambulances with radio control.

**Prevention of Illness, Care and After-care.**—The after-care and prevention of tuberculosis is carried out on the well established lines of the local health authority paying one-eleventh of the salary of the chest physician and supplying a full-time and a part-time health visitor entirely for this work.

The authority also makes a grant to the Grimsby Tuberculosis Care Committee, which consists of voluntary workers and elected members of the Grimsby Town Council, and financially supports selected patients for training at the Sherwood Village Settlement of the Nottinghamshire County Council. The Housing Committee gives high priority to the rehousing of potentially infectious cases.

A joint almoner service with the Grimsby Hospital Management Committee lapsed in 1957 owing to the difficulty in obtaining qualified almoners. This section is now covered by the establishment of a social worker in the department who deals with the after-care of sickness (other than tuberculosis) and acts under the General Care Committee, which again receives a grant and consists of voluntary workers and elected members of the Grimsby Town Council.

Both these services maintain the closest possible contact with the hospital service and with the welfare services of the local authority.

**Home Help.**—This service has developed more than any other and the demands made upon it do not yet appear to have reached their peak. This increase is almost entirely confined to endeavouring to meet the needs of the aged infirm so as to enable them to live in their own homes as long as possible.

The service is run in the closest liaison with the hospital almoner, the welfare services and the home nursing service. In addition, the authority has authorised the use of selected home helps in trying to rehabilitate certain problem families, but so far this has only been on a small scale.

**Mental Health.**—This section consists of 5 mental health workers and 2 clerks and although there has been no increase in establishment, the nature of the work has changed considerably in the past five years in that much more psychiatric social visiting is undertaken.

Owing to the distance of the mental hospital the Grimsby Hospital Management Committee has set up a psychiatric unit at a local hospital under a full-time psychiatrist. This has been an invaluable service to the community and will assist in the operation of the new Mental Health Act. The psychiatrist has an open invitation to attend the Mental Health Sub-Committee of the Health Committee when he has the time or if there is any item in which he is particularly interested, and this is reciprocated by the medical officer of health having equal rights on the Lincoln No. 2 Hospital Management Committee.

A new Occupation Centre was opened in September, 1956, which has been a considerable help to the mentally handicapped children of the area, and this has also been instrumental in building up a very friendly relationship with the local branch of the National Society of Parents of Mentally Handicapped Children.

The Sheffield Regional Hospital Board supplies a visiting psychiatrist for two sessions per week at the Child Guidance Centre, which means that expert help can be readily obtained for all age groups.

### Conclusion

The medical officer of health is a member of the Grimsby Hospital Management Committee and of its House Committees; of the Grimsby Executive Council and the Ophthalmic Services Committee; of the Grimsby Local Medical Committee; and of the Grimsby Hospitals Group Medical Staff Committee. In this way personal contact is maintained with the three parts of the National Health Service.



#### IV.—SANITARY CIRCUMSTANCES.

Harold Parkinson, Chief Public Health Inspector, has compiled this Section of the report :—

**Inspectorate.**—As in 1957 the continued shortage of qualified staff (6 vacancies) was reflected in the very much reduced amount of work accomplished during the year. Members of the committees were kept informed of the duties which were not being undertaken.

**Water supply.**—The public supply provided by the Grimsby, Cleethorpes and District Water Board—and tested regularly—proved to be adequate and satisfactory.

**Rivers, streams and ponds.**—The “New Cut” at Pyewipe, which is under the control of the Lincolnshire River Board, after it received the foul effluents from the adjoining fish meal factories, probably became the most offensive water course in the county.

**Sewerage and drainage.**—The Council decided to pave and sewer Fairfield Avenue at Scartho under the Private Street Works Act. When this work has been done the drainage systems of houses where cesspools are in use will be connected to the new sewer.

**Public cleansing.**—The Cleansing Superintendent (Mr. E. Austin) reports that after salvaging 1,802 tons, 8 cwt., 2 qrs. of materials, 28,437 tons, 11 cwt., 2 qrs. of household and trade refuse were tipped at Spring Bank. The Corporation has not an incinerator.

1,815 new ashbins were supplied to houses in accordance with the scheme operated by the Corporation (Public Health Act, 1936—Section 75 (3)).

##### Sanitary Inspections

Accumulations .. ..	151	Animals .. ..	30
Ashbins .. ..	3	Caravans .. ..	11
Complaints received and investigated .. ..	1,919	Dirty houses and persons	44
Drain tests .. ..	88	Drainage .. ..	3,414
Infectious disease enquiries	199	Factories and outworkers	31
Offensive smells .. ..	87	Lodging houses .. ..	13
Offensive trades .. ..	40	Miscellaneous matters ..	1,295
Piggeries and stables ..	26	Passages and yards ..	165
Rooms disinfected after		Rats and mice .. ..	51
infectious disease .. ..	60	Smoke observations ..	96
Water supply .. ..	57	Verminous premises ..	32

##### Housing.

Houses, defects and nuisances (Public Health Act) .. ..	1,376
Houses (Housing Act) .. ..	850
Overcrowding (Housing Act) .. ..	25

##### Notices.

Informal notices served .. ..	738
Statutory notices served .. ..	239

(236 Public Health Act, 2 Grimsby Corporation Act, 1927 and 1 Grimsby Corporation Byelaws).

Work in default was carried out by the Corporation at the cost of the owners in respect of 90 notices.



**Abatement Orders.**—The magistrates granted 3 abatement orders and fined one owner £3 and another £1 for failing to comply with notices served under Section 93 of the Public Health Act, 1936.

Defects remedied and nuisances abated included :—

Accumulations cleared .. ..	27	Animal etc. (nuisances abated)	5
Chimney repairs .. ..	25	Doors and frames renewed or	
Drains cleared .. ..	861	repaired .. ..	34
(involving 2,882 houses)		Drain repairs .. ..	38
Drain and inspection chambers		Eavesgutters new and re-	
(new) .. ..	19	paired .. ..	97
Floor repairs or renewals .. ..	72	Fireplace and range repairs	51
Passages paved and repaired	4	Handrails provided and refixed	1
Rainwater pipe repairs and re-		Offensive smells abated .. ..	10
newals .. ..	28	Plaster repairs .. ..	128
Stairway repairs .. ..	1	Roof repairs .. ..	95
Wash boiler repairs and re-		Sink and pipe repairs .. ..	7
newals .. ..	6	Wall repairs .. ..	24
Window repairs .. ..	69	Water closet repairs .. ..	107
Yard and paths repaired and		Water pipes and taps repaired	56
repaved .. ..	18	Yard walls and gates repaired	1

**Paving and drainage of passages.**—Although many passages throughout the town required attention it was only possible to concrete and drain four common passages after the service of statutory notices under Section 56, Public Health Act, 1936 at a cost of £729 8 3d.

**Persons needing care and attention.**—National Assistance Act, Section 47.—Public Health Inspectors submitted reports about three aged persons who appeared to require the attention of the Medical Officer of Health for possible action under Section 47.

It was necessary to obtain a magistrate's order for the removal of an old man to a local hospital for treatment.

**Offensive trades.**—

Tripe dresser .. ..	1
Fish meal maker .. ..	1
Fat melters .. ..	2
Fish curers .. ..	12
Hide and skin dealers .. ..	2
Gut scraper .. ..	1
Rag and bone dealers .. ..	4

**Fish curing.**—During 1958 members of the Town Council decided to give the required statutory six months notice to 12 fish curers that the Corporation intended to withdraw the permission previously given to carry on the offensive trade of fish curing in premises amongst dwellings in the town. The Council purchased land and buildings adjoining the docks to provide sites for the erection of fish curing premises.

Since last year one firm has gone out of business and another has removed to the Dock Estate.

**Fish transport.**—Offensive liquid was found to be discharging on to the public highway from motor vehicles on 18 occasions, in contravention of the Corporation Byelaws. Written warnings were sent to all the firms concerned except two; court proceedings resulted in one driver being fined £1, and the magistrates dismissed the second case.

Two firms were warned about conveying uncovered bins containing fish offal through the streets.

A Scottish firm was warned against leaving overnight a motor lorry stacked with stinking herring boxes in a public car park.

The members of the local police force have again helped in this work.

Most of the local firms have had drainage pipes and tanks fitted to their lorries to receive the fishy liquid as it escapes from the load; but unsuitable lorries, some from other places, are still used for the transport of fish.

**Pest control.**—Routine work continued during the year including the periodic treatment of sewers and drainage systems for rat infestations. No major infestation was reported or discovered.

**Eradication of vermin.**—D.D.T. powders and solutions were used successfully for the infestations listed below :—

16 for bugs	(including 1 council house)
16 for fleas	(including 4 council houses)
36 for beetles	(including 5 council houses)
17 for woodworm	(including 8 council houses)
6 for red mites	(including 4 council houses)
3 for earwigs	
1 for spiders	
2 for woodlice	
1 for weevils	
1 for ants	
1 for silver fish	

**Cleansing of persons.**—Grimsby Town Council has not a disinfecting plant or cleansing station. The hurried and improvised arrangements which had to be made for the cleansing of a few verminous persons proved to be unsatisfactory and inconvenient. A few years ago it was proposed to set up a cleansing station in Burgess Street—but its installation has been delayed by the slow progress in converting the former Nurses Home, Dudley Street, into a new clinic.

**Atmospheric pollution.**—For several reasons it was decided to transfer the Bargate gauge to Bradley Woods in May. The new site is free from nearby dwellings and is in the course of the prevailing wind blowing from the wolds over a large area of open agricultural land—the results of the analyses give a fair indication of the purity of the air on the south westerly boundary of the town.

The average monthly deposits during 1958 were :—

Hainton Square	11.88 tons per square mile
Bargate (up to May)	16.64 tons per square mile
Bradley Woods (from May)	6.55 tons per square mile

**Clean Air Act.**—Mainly because of an acute lack of qualified staff it was not possible to commence to implement the Council's proposals for creating smoke control areas in certain parts of the town. This work is at a standstill.

**Grit nuisances.**—(a) The work in connection with the installation of a grit arresting plant at a large factory in the West Marsh was completed at a cost approaching £20,000. Residents in the district have remarked how much improved are the conditions in the neighbourhood since the plant has been working effectively.

(b) In spite of repeated promises made by one firm in the centre of the town little progress was made to deal effectively with smoke and grit emissions from the boiler plant. The Council warned the firm that court proceedings would be instituted unless the nuisances were abated.

**Smoke nuisances.**—Probably the darkest and greatest emissions of dense smoke in the town came from Scartho Road Hospital chimney. As the premises are Crown property the Council authorised a report to be submitted direct to the Minister of Health in accordance with the terms of the Clean Air Act.

It should be recorded that this hospital is in the middle of a proposed smoke control area and residential property. It seemed pointless—indeed incongruous from several aspects—for a local authority to attempt to establish a smoke control area whilst one of the Ministry's own establishments was such a gross offender.

**Electric power station.**—It was necessary to draw the attention of the Alkali Inspector to the dense smoke emissions from the Moss Road power station chimney.

**Road vehicles.**—Written notices were sent to 8 firms pointing out that dense exhaust fumes had been emitted from their lorries on the public highway in such quantities as to be a nuisance to nearby pedestrians and other vehicle drivers. Mostly courteous replies were received indicating that the vehicles would be serviced without delay.

**Offensive fumes.**—

*Fish meal works.*—When compared with conditions prevailing 20 years ago the frequency of these obnoxious emissions has diminished considerably, but occasionally in 1958 the nauseating odours permeated throughout the town. It is well known that many long suffering residents look forward hopefully to the opening of the new fish meal factory in 1959 when it is expected that the new plant will function effectively without causing annoyance to thousands of ratepayers in their homes.

*Industries on the Humber bank.*—Most of these come within the control of the Alkali Inspector and are outside the County Borough. It was necessary to complain to H.M. Inspector about offensive emissions from two of these factories from time to time which were causing offence to Grimsby residents.

**Fairground.**—The Corporation site adjoining the Cromwell Road Cattle Market was too small to accommodate all the caravans etc., which arrived for the holding of the Statute Fair—so some caravans were parked in an adjoining field. The usual complaints were received from nearby householders about noise, which unfortunately is outside the scope of the Health Department, but could be dealt with effectively by the Town Council as landlords if it so decided.

**Swimming baths.**—It is pleasing to record that the Council has at last received authority from the Government to go forward with the erection of new baths in Scartho Road and Corporation staff and consultants are now busy on the project.

Bacteriological tests of swimming bath water taken from the Eleanor Street and Orwell Street baths during swimming sessions proved to be satisfactory.

**Factories Act.**—See statistical report.

**Places of entertainment.**—Routine surveys were made and reports submitted to the Watch Committee. Generally the premises were satisfactory. The Council refused to grant a new licence in connection with plays in the Parish Church because of the lack of adequate sanitary accommodation.

**Rag Flock and other Filling Materials Act and Regulations.**—

The only person who held a licence for the storage of rag flock for sale retired during 1958 and the business finished.

Registered for use of filling materials . . . 4

**Shops Act.**—Plans for new shops and alterations were scrutinised and arrangements then made for the premises to comply with requirements of the Act during building operations.

**Disposal of the dead.**—The use of the Corporation crematorium continued to increase steadily. In 1958 there were 954 cremations (365 Grimsby residents and 589 from other districts) an increase of 169 over 1957.



## V.—HOUSING.

The Chief Public Health Inspector has prepared this Section of the report:—  
**New houses** built in 1958 — 672.

**Demolitions**—149 houses (including 6 public houses) mainly in Reconstruction Areas.

## HOUSING ACTS.

**Slum Clearance.**—There was a serious lag in the rate of progress in the Council's Clearance Programme (approved by the Ministry in 1955); in fact, not one clearance area could be represented in 1958, as the Council had not houses ready for re-housing tenants from clearance areas.

Only 8 unfit houses were considered for Closing Orders or Demolition Orders; they were :—

26 Orwell Street	}	29 persons
194, 397, 399, 401, Victoria Street		
Wooden hut, Tennis Club, Weelsby Avenue		
2 Kent Street		
65, 67, Victor Street		

It was necessary to take court proceedings when a person occupied an unfit house (subject to a Closing Order). An adjournment was granted so that the man could attempt to repair the premises to the satisfaction of the local authority.

**Caravans.**—Fortunately there is not a "caravan" problem in Grimsby. Apart from fleeting visits by occasional itinerant "club artistes" and gypsies unauthorised parking caused little trouble.

**Common lodging houses.**—The demolition of the only large common lodging house (105 beds) in the town (which is in a Redevelopment Area) was postponed for at least two years. The Council had several discussions with Salvation Army social workers about proposals to build a new hostel for men on another site to be provided by the Corporation. At the end of the year negotiations were still in progress.

With the continued great need for increased Part III accommodation and other accommodation suitable for certain persons who form part of our community it is imperative that adequate accommodation should be available before the Salvation Army Hostel is closed.

**Problem families.**—The comparatively small number of "hard core" problem families, even when re-housed in better accommodation by the Corporation, continued to occupy an undue proportion of the time and effort of councillors, officers of various corporation departments and other organisations with little obvious effect and success. It seems necessary to repeat once again the basic necessity is for the Council to provide the special accommodation suggested in the Chief Public Health Inspector's report to the Housing Committee in 1947 and reiterated in the 1956 Annual Report.

**Houses let in lodgings.**—A start could not be made on the survey of these premises in 1958.

**Certificates of disrepair.**—186 applications were received and after inspection of the houses, not one was refused.

88 undertakings were received, of which it was not possible for the Council to accept 6 as the landlords had failed with previous undertakings.

31 Certificates of disrepair were revoked after repairs had been completed and in a small number of cases certificates cancelled following a change of tenancy.



## VI.—INSPECTION AND SUPERVISION OF FOODS

Mr. Harold Parkinson, Chief Public Health Inspector, is responsible for this section of the work :—

### Inspections.

Bakehouses .. ..	33	Confectioners shops .. ..	31
Dairies and milk vendors .. ..	53	Fish curers .. ..	51
Fish shops .. ..	22	Food preparers .. ..	17
Fried fish shops .. ..	62	Greengrocers .. ..	19
Grocers .. ..	115	Ice cream makers and vendors	32
Markets .. ..	249	Meat shops and stores .. ..	93
Restaurants and cafes .. ..	27	Slaughterhouses .. ..	1,328
Sweet shops .. ..	10	Other matters .. ..	110

**Slaughterhouses.**—Licences for three private slaughterhouses were renewed at six monthly intervals. Progress cannot be reported in the negotiations for the purchase by the Corporation of the Government abattoir in Cromwell Road where the majority of animals were slaughtered for human food.

Inspection of the carcasses and offals of all animals killed in the four Grimsby slaughterhouses was achieved—but it was not possible to examine dressed carcasses coming direct into butchers shops from other parts of the county.

Statistics about carcasses and offals inspected and condemned are set out below:—

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	4,719	475	271	10,190	17,391	—
Number inspected ... ..	4,719	475	271	10,190	17,391	—
<i>All diseases except Tuberculosis and Cysticerci.</i>						
Whole carcasses condemned	1	7	2	35	44	—
Carcasses of which some part or organ was condemned	1,526	206	5	518	6,293	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	32.36	44.84	2.58	5.43	36.44	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	16	3	—	—	7	—
Carcasses of which some part or organ was condemned. ... ..	515	149	—	—	1,266	—
Percentage of the number inspected affected with tuberculosis ... ..	11.25	32.00	—	—	7.32	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	20	1	—	—	—	—
Carcasses submitted to treatment by refrigeration	20	1	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

**Cysticercus Bovis.**—Routine inspections continued and 21 infestations of offal were found, and the carcasses were allowed to be treated by the freezing process before being sold for human food.

Diseases and conditions found during meat inspection included :—

Abscesses, actinomycosis, arthritis, atrophy, bruising, cirrhosis, cysticercus bovis, contamination, echinococcus cysts, emaciation, emphysema, enteritis, erysipelas, fascioliasis, fevered, fatty infiltration, haematoma, hepatitis, hydronephrosis, injuries, Johnes disease, jaundice, leukaemia, mastitis, metritis, melanosis, necrosis, nephritis, oedema, parasites, pericarditis, peritonitis, pleurisy, pneumonia, pyaemia, petechii, tuberculosis, telangiectasis.

Weight of meat condemned — 50 tons, 2 cwt. 25 lb.

In addition 152 lbs. of imported meat with "bone taint" were condemned at the abattoir.

It is interesting to note that during the last 4 years the amount of meat condemned has progressively decreased from 62 tons in 1955 to 50 tons in 1958, although the total number of animals killed remains at about 33,000 the number of cows slaughtered has fallen by about 45%.

**Unsound foods included:—**

	tons	cwts.	qrs.	lbs.
Meat condemned at abattoir and private slaughterhouses .. .. .	50	3	2	9
7,487 cans, 216 bottles and 287 packets of various food .. .. .	5	18	3	5
Meat, bacon, ham, sausages .. .. .		5	—	—
Cheese .. .. .		2	1	12
Fats .. .. .			1	2
Nuts .. .. .		1	—	—
Confectionery .. .. .		1	1	23
Miscellaneous food .. .. .		4	1	27
Total weight ..	56	16	3	22

**Disposal of unsound meat etc.**—By arrangement with the contractors at the abattoir and the licence holders of the private slaughterhouses, diseased meat, after being dyed green, was removed from these premises by a Grimsby firm for processing at their meal plant at Killingholme.

Livers affected with distomatosis only were kept separate on condemnation and later removed for processing for pharmaceutical purposes by the same firm which had the contract with the Ministry of Food.

A very small amount of these livers was supplied for feeding at a mink farm after discolouration with green dye.

As the Corporation had not an incinerator, unsound tinned goods were buried in the Corporation tip.

**Horse Flesh.**—Horse flesh for human consumption was not sold in Grimsby.

**Milk supply.**—All the milk dealers in the town were licensed for the sale of heat treated milk. Only one, a producer/retailer from the adjoining rural district, also sold raw milk (T.T.)

Wholesalers of milk .. .. .	4
Retail purveyors of milk (including 7 with premises in Grimsby, 5 from outside the district and 379 bottled milk vendors) .. .. .	391
Licensed pasteurisers of milk .. .. . (high temperature short time)	3
Licences to use designation Tuberculin Tested (Pasteurised) milk .. .. .	3
Supplementary and dealers licences for sale of Pasteurised milk .. .. .	16
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) Milk .. .. .	7
Licences to produce Sterilized milk .. .. .	3
Licences to sell Sterilised milk .. .. .	377
Licence to sell Tuberculin Tested milk .. .. .	1

**Tuberculin Tested (Pasteurised) milk.**—36 samples passed the prescribed tests. One sample contained non-faecal B. Coli.

**Pasteurised milk.**—Of the 46 samples examined all passed the methylene blue test and phosphatase test. One sample contained non-faecal B. Coli.

**Sterilised milk.**—44 samples were all satisfactory.

**T.T. raw milk.**—7 samples passed Methylene Blue Test. One sample contained non-faecal B. Coli. Guinea pig tests showed that the milk was free from tubercular organisms.

#### **Ice cream.—**

Premises registered for making of ice cream .. .. . 7

Premises registered for sale of ice cream .. .. . 432

The only sample of ice cream taken for bacteriological examination was satisfactory.

A frozen milk lolly was found to contain faecal B. Coli. Further samples were taken of all the constituents and the finished product, which were found to be free from B. Coli. The maker was warned about efficient sterilisation of equipment and ensuring scrupulous cleanliness during production, storage and distribution.

**Food hygiene.**—A planned campaign for the continued education of food handlers could not be attempted but when opportunity presented itself—and time and other duties permitting—instruction and guidance were given. It is discouraging to observe the slightly improved standards attained in hygienic food handling following intensive efforts of former years gradually declining.

The Medical Officer of Health and the Chief Public Health Inspector lectured in a course on Food Hygiene arranged by Birds Eye Ltd., for their employees and both officers also gave talks to other organisations.

**Foreign bodies in food.**—Complaints from householders (which indicates some interest by the general public in food hygiene) included:—

**Milk bottles.**—rust stains—dirty greasy deposits—glass fragments.

**Bread etc.**—a loaf from Cleethorpes had been gnawed by rats before wrapping,  
mouldy milk roll,  
black grease deposits in a brown loaf,  
scone contained a splinter of wood.

**Tinned goods.**—(a) A tin labelled Italian tomatoes contained a coloured rag and water. Importer stated that the Italian factory was modern and efficient. The firm in Italy did not reply to letter of complaint.



(b) A tin of Australian peaches contained a finger portion off a green rubber glove and a septic bandage. The Government Inspector, the firm in South Australia and importer were informed. The importer sent two new tins of peaches to the housewife concerned—but she said—"I'm off tinned fruit for ever."

### Court proceedings

(a) A local grocer appeared before the magistrates on 5 charges relating to breaches of the Food Hygiene Regulations—dirty store rooms, without wash basin and sink, without first aid materials and without locker accommodation for clothes. The magistrates decided on a conditional discharge on payment of costs. All the defects had been remedied before the magistrates heard the case.

(b) An itinerant fish and chip fryer was fined £2 for not having a proper water supply, £2 for not having clean towels and £1 for not providing a sink in the motor vehicle (Food Hygiene Regulations).

(c) A self service store owner was fined £3 following the sale of a bottle of detergent as "Lime Juice Cordial". He in turn brought a customer of his before the magistrates, who also was fined £3.

Briefly the circumstances were as follows:—

The shop is near a local hospital and a visitor to the hospital went to the shelves of the store and from amongst other bottles took off a bottle labelled Lime Juice Cordial and contained what appeared to be lime juice cordial, but in fact contained straw coloured detergent.

A patient in hospital was given some of the detergent to drink—but immediately spat out the first few sips—fortunately she suffered no permanent ill effect. Apparently the store keeper, also an off-licence holder, sent out bottles of wines etc., on sale or return basis. Following a party at this house—a number of empty and full bottles were returned to the shop. Unfortunately some one at the house filled an empty lime juice cordial bottle with liquid detergent which resembled to some extent the colour of the normal lime juice cordial. This bottle with other full bottles was returned to the shop, placed on the appropriate shelf and sold as lime juice cordial.

(d) Cases relating to the sale of potted meat and sausage "not of the substance demanded" were struck out by the Magistrates, although the informations had been laid in due time, summonses had not been served by the police within the specified time required by the Food and Drugs Act. £6 6 Od. costs were awarded against the Corporation. A third case was withdrawn.

**Fish inspection.**—Following special inspection, export certificates were issued for 75 consignments, totalling 4,362 bales and cases of salted fish for despatch overseas to:—Freetown, Funchal, Habana, Leghorn, Luanda, Madeira Mocambique, Naples, Ponta Delgada, Rio de Janeiro and Volo.

**Food poisoning.**—2 cases in a family outbreak and 2 single cases were notified in the first quarter of the year but after enquiries the casual agents could not be identified.

**Samples of food and drugs.**—116 samples (7 formal and 109 informal) were taken.

Unsatisfactory samples included:—

*Lime juice cordial.*—see previous comments.

*Potted meat.*—Seven samples were unsatisfactory as follows:—

- (1) Informal —Contained 71.00% meat and 29.00% water
- (2) Informal —Contained 80.5% meat and 19.5% water
- (3) Informal —Contained 69.6% meat and 30.4% water
- (4) Informal —Contained 74.3% meat and 25.7% water
- (5) Formal —Contained 67.4% meat and 32.6% water
- (6) Formal —Contained 74.0% meat and 26.0% water
- (7) Formal —Contained 72.3% meat and 27.7% water

(see previous comments on court cases).



*Pork sausages*.—2 formal samples and 2 informal samples reported by the Public Analyst to be deficient in meat contained 57.3%, 62.7%, 60.0% and 61.5% meat respectively. (See previous comments on court cases).

*Cowheel* (informal).—Contained 0.03% peroxide. Producer interviewed and advised about more thorough washing of heels to eliminate traces of peroxide used in processing.

*Beef sausage* (informal).—Contained 43.2% meat and 137 parts per million of preservative  $\text{SO}_2$ . Public Analyst considered sample to be 13.6% deficient in meat. Formal sample taken later was genuine.

The satisfactory samples included:—

baking powder 2, beef sausages 3, chicklettes 1, Christmas pudding 1, chocolate ginger 1, coffee 2, cream (double) 4, dairy cream sponge cake 1, dairy cream sponge sandwich 1, diabetic chocolate 1, dressed crab paste 1, dried milk (full cream) 3, dried milk (partly skimmed) 1, fish cakes 7, fish fingers 1, fresh cream sponge cake 1, ginger cake 1, ground almonds 1, humanised infant food 1, ice cream 11, ice lollies 4, icing sugar 1, lemon curd 2, lime juice cordial 1, malt vinegar 1, marmalade 2, marzipan almond paste 1, meat paste 1, mincemeat 2, milk 11, National lemon juice 1, Norwegian sild in tomato 1, orange drink 5, orange squash 1, pickled red cabbage 1, pickled onions 1, pork sausage 9, potted meat 1, salted and dried fish 2, self raising flour 2, starch reduced bread 1, strawberry jam 1, table cream 1, table jelly 1, toffee 1, tripe 1, whipping cream 1.

**Public Health Preservatives Etc., in Food Regulations.**—Apart from an informal sample of beef sausage which contained undeclared sulphur dioxide—all the other samples of food complied with the Regulations.

**Chemical Analyses.**—The Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., undertook the chemical analysis of samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

**Bacteriological, Histological and Biological.**—Examinations continued to be undertaken in the Department of Pathology, Grimsby General Hospital.

**Fertilisers and Feeding Stuffs Acts.**—11 samples of feeding stuffs and 7 samples of fertilisers taken for analysis were all found to be satisfactory.

## VII.—ADDITIONAL INFORMATION.

## NATIONAL ASSISTANCE ACTS: INCIDENCE OF BLINDNESS

At the end of 1958 the total number of blind persons in the borough was 159 (males 80 females 79).

Seventeen Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 11 persons were certified as blind and 6 as partially sighted.

No cases of retrolental fibroplasia were reported.

*Follow-up of Registered Blind and Partially Sighted persons.*

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	9	3	—	2
(b) Treatment (medical surgical or optical)	3	—	—	—
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	3	—	—	—

*Ophthalmia neonatorum.*

(i) Total number of cases notified during the year ... ..	3
(ii) Number of cases in which:—	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ...	—

## EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

*Epileptics*

		Under 5	5-15	16 and over	Total Number
At ordinary school ...	Males	—	9	—	9
	Females	—	7	—	7
At special school ...	Males	—	—	—	—
	Females	—	—	—	—
At occupation centre ...	Males	—	3	—	3
	Females	—	—	1	1
*In employment ... ..	Males	—	—	22	22
	Females	—	—	4	4
At home ... ..	Males	1	—	12	13
	Females	2	2	1	5
TOTAL ...		3	21	40	64

*Spastics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school ...	Males		—	2	—	2
	Females		—	1	—	1
At special school ...	Males		—	1	—	1
	Females		—	—	—	—
At occupation centre ...	Males		—	3	—	3
	Females		—	3	1	4
*In employment ...	Males		—	—	8	8
	Females		—	—	1	1
At home ...	Males		1	1	5	7
	Females		1	1	2	4
TOTAL ...			2	12	17	31

\* Per Disablement Resettlement Officer, local office of Ministry of Labour.

**HEALTH EDUCATION**

The local health authority continues to make full use of the publicity material of the Central Council for Health Education, to which it subscribes, and of the Royal Society for the Prevention of Accidents, being a member of the Home Safety Section of this body.

Articles of general interest under the title of Your Health Service were placed in the local press at three weekly intervals, advantage again being taken of a panel kindly donated by the editor of the local evening newspaper, and 300 copies of the Better Health journal were distributed monthly through the various welfare centres and clinics.

The following special programmes were carried out during the year, viz.:—

**Exhibitions**

(a) The Worshipful the Mayor of Grimsby invited all the youth organisations and senior schools to a "Welcome to Citizenship" exhibition, at which the health visitors arranged a special display stand of (i) Maternal and Child Welfare Service, and (ii) Prevention of Accidents in the Home, and also attended in a supporting role to answer enquiries.

(b) A whole day was devoted at a display stand when the Mothers' Union and Young Wives Group (Deanery of Grimsby and Cleethorpes) held their annual gathering. Films were shown and a supporting talk on general topics of health education was given by a health visitor to a large and mixed audience.

(c) The "Guard that Fire" Campaign was carried out as a combined exercise by the Education, Fire Service and Health Departments. A meeting was held, to which representatives from all voluntary bodies in the town were invited and asked to co-operate in giving ample publicity to the campaign. Numerous pamphlets were distributed and posters displayed in hardware stores and in showrooms of local business premises. Talks and film shows were also given at senior schools and there was full co-operation from the local press.

## Schools

(a) *St. Mary's Voluntary Secondary Modern Girls*.—A regular programme covering many aspects of health education, at which films were frequently shown, was carried out by a health visitor.

(b) *Armstrong Secondary Modern Girls*.—Talks on personal hygiene and home safety to students in their last year were given by a senior health visitor, at which film strips and sound films were screened.

(c) *Chelmsford Secondary Modern Girls*.—The Superintendent Health Visitor gave lectures to all fourth year pupils on personal hygiene, the social services and the work of a health visitor.

(d) *Nunsthorpe Primary Junior*.—Invitations were sent to many parents by the headmistress to attend the showing of a special film on the care of the hair and general hygiene. Although the response was disappointing, the children enjoyed the film and the discussion which followed.

(e) *Western Secondary Modern Girls*.—A sound film on personal hygiene was shown, preceded by a talk and followed by a discussion.

It was again possible for small groups of girls to visit the Watkin Street Infant Welfare Centre during a session, when the Superintendent Health Visitor combined a short talk with a suitable film on each occasion.

The Central Council for Health Education, as part of its free lecture service for local health authorities, held courses on Foot Health Education on the 13th and 14th May, 1958, as follows:—

(1) "*Foot Health in Schools*".—This lecture was given in three of the larger secondary modern schools in the borough and was attended by 220 pupils, as well as by teaching and other staffs.

(2) "*Foot Health begins in the Cradle*".—This session was held for the Parents' Group attached to the local infant welfare clinics, some 30 members attending.

(3) "*Avenues of Approach to Foot Health Education*".—A lecture for medical officers, public health nurses and other interested personnel, to which invitations were extended to the staffs of neighbouring authorities and local hospitals. The total attendance was 55.

The Lecturer was Mrs. Alice Buxton, Liaison Officer of the Central Council's Foot Health Education Bureau.

A total of 18 lectures and talks were given to organisations in the borough on various aspects of public health, 13 by the medical officer of health and 5 by the health visitors. Attendances at these meetings totalled 531. Details are given below:—

	<i>Medical Officer of Health</i>	<i>Attendance</i>
7.1.58	Bird's Eye Foods, Ltd.—Food Hygiene Course ..	100
17.1.58	Welholme Men's Association .. ..	30
20.1.58	Grimsby Junior Philharmonic Mothers' Association	30
11.2.58	Thornton Curtis Women's Institute .. ..	25
26.2.58	Welholme Men's Association .. ..	25
13.5.58	West Marsh Women's Co-operative Guild ..	20
22.5.58	Women's Fellowship, St. Michael's Church ..	26
29.5.58	Local Branch, National Society of Parents of Mentally Handicapped Children .. ..	30



2.6.58	Men's Fireside Fellowship, Central Hall Methodist Mission .. .. .	20
11.6.58	Bradley Cross Roads Women's Co-operative Guild	20
26.6.58	Mother's Union, St. Hugh's Church .. ..	45
11.11.58	Welholme Congregational Church Fellowship ..	45
18.11.58	Clee Co-operative Women's Guild .. .. .	35
<i>Health Visitors</i>		
16.1.58	Young Wives Group, St. James' Church ..	20
13.11.58	Young Wives Group, Baptist Tabernacle ..	24
December	Girl Guides and Rangers, Weelsby Road Methodist Church (3 lectures) .. .. .	36

### MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 213 employees during the year, 202 by medical staff of the department and 11 by requests to other local authorities. Of these 16 were found unfit for entry into the superannuation scheme.

Six employees for retirement on medical grounds were referred to the medical referee of the Corporation, and the Medical Officer of Health investigated and made special reports on 9 employees who had been absent from duty for a period of three months and over.

Nineteen candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 52, seven of these by requests to other authorities. All received x-ray examination of the chest before appointment, one being found unfit for entry into the profession.

During the year 72 persons were examined for employment in the School Meals Service of the Local Education Authority. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. Two candidates were found to be unfit for such employment.

Four firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950, and one fireman under Article 23(1) (c) of the Firemen's Pension Scheme Order, 1956.

The above represents a total of 367 medical examinations during the year, 343 of which were performed by medical staff of the department, compared with 239 and 221 respectively in 1957.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—54 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

### BLOOD DONORS

The Watkin Street Clinic is placed at the disposal of the Sheffield Regional Transfusion Team to hold taking sessions, and was utilised on seven occasions during the year.

### LABORATORY FACILITIES

Specimens submitted by the health department for examination in the laboratory at the Grimsby General Hospital totalled 1,537.

## GRIMSBY CREMATORIUM

The Medical Officer of Health acts as the Medical Referee to the Grimsby Crematorium. The number of cremations which have taken place since the building was opened on the 5th August, 1954, is :—

<i>Year</i>	<i>Grimsby residents</i>	<i>Residents from other areas</i>	<i>Total</i>
1954	61	84	145
1955	205	311	516
1956	264	372	636
1957	323	462	785
1958	365	589	954

PART VIII.

**STATISTICAL TABLES.**

Table 1.—Vital Statistics of the whole Borough during 1958 and previous Years.

YEAR	Total Population estimated to middle of each year	Births		Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District				
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57	1108	14.0
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	12.3
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.2
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6
1955	94,560	1639	1755	18.5	1186	12.5	204	84	49	27.9	1066	11.2
1956	95,400	1673	1791	18.7	1236	12.9	246	73	69	38.5	1063	11.1
1957	96,050	1710	1846	19.2	1254	13.0	247	65	35	18.9	1072	11.1
1958	96,380	1724	1829	18.9	1226	12.7	267	85	46	25.1	1044	10.8

Acreage (land and inland water) ...

... 5,468

Population

...

... 94,557

At Census

Persons per acre ...

... 17.3

Private households ...  
Structurally separate dwellings occupied

... 27,103

of 1951

... 25,571



Table 2.—England and Wales and Grimsby, 1941–1958.

## Birth Rates.

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
1941	1403	17·8	—	14·2
1942	1506	19·6	—	15·8
1943	1539	20·1	—	16·5
1944	1752	23·0	—	17·7
1945	1686	21·6	—	16·1
1946	2118	24·5	—	19·1
1947	2183	24·4	—	20·5
1948	1911	20·9	—	17·9
1949	1872	20·5	—	16·7
1950	1702	18·2	18·	15·8
1951	1751	18·7	19·	15·5
1952	1693	18·1	18·	15·3
1953	1647	17·6	18·	15·5
1954	1700	18·1	18·	15·2
1955	1755	18·5	18·	15·0
1956	1791	18·7	18·	15·7
1957	1846	19·2	19·	16·1
1958	1829	18·9	18·9	16·4

Table 3. England and Wales and Grimsby, 1941–1958.

## Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
1941	1108	14·0	*	12·9
1942	1010	13·1	*	11·6
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3
1955	1066	11·2	11·8	11·7
1956	1063	11·1	12·6	11·7
1957	1072	11·1	12·6	11·5
1958	1044	10·8	12·2	11·7

\* Area comparability factor suspended by Registrar General.

**Table 4.—Causes of and Ages at Death during the Year 1958**

(as compiled from figures supplied by the Registrar-General)

Causes of Death.	All Ages.			Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds
	Total	Males	F'm'les								
<b>All Causes</b> { Certified ...	1044	572	472	46	7	5	7	37	235	284	423
{ Uncertified ...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory ...	15	12	3	...	...	...	1	3	4	5	2
Tuberculosis, other forms ...	1	1	...	...	...	...	...	1	...	...	...
Syphilitic disease ...	2	...	2	...	...	...	...	...	...	2	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	1	1	...	1	...	...	...	...	...	...	...
Other infective and parasitic diseases ...	4	4	...	...	...	1	2	...	1	...	...
Malignant neoplasm, stomach ...	28	17	11	...	...	...	...	...	10	7	11
Malignant neoplasm, lung, bronchus ...	37	32	5	...	...	...	...	1	23	6	7
Malignant neoplasm, breast ...	16	...	16	...	...	...	...	1	2	8	5
Malignant neoplasm, uterus ...	6	...	6	...	...	...	...	...	4	1	1
Other malignant and lymphatic neoplasms... ..	82	49	33	...	...	...	...	4	24	31	23
Leukaemia, aleukaemia ...	2	...	2	...	...	...	...	...	1	1	...
Diabetes ...	6	1	5	...	...	...	...	...	4	1	1
Vascular lesions of nervous system ...	150	60	90	...	...	...	1	3	20	54	72
Coronary disease, angina ...	171	106	65	...	...	...	...	6	42	60	63
Hypertension with heart disease ...	33	18	15	...	...	...	...	...	8	15	10
Other heart disease ...	122	62	60	...	...	...	...	2	21	30	69
Other circulatory disease ...	63	32	31	...	...	...	...	2	10	13	38
Influenza ...	4	2	2	...	...	...	...	...	...	2	2
Pneumonia ...	63	36	27	9	1	...	...	...	8	13	32
Bronchitis ...	58	45	13	...	...	1	...	1	24	15	17
Other diseases of respiratory system ...	13	7	6	4	...	1	...	...	3	2	3
Ulcer of stomach and duodenum ...	6	4	2	...	...	...	...	...	2	...	4
Gastritis, enteritis and diarrhoea ...	4	3	1	2	...	...	...	...	1	1	...
Nephritis and nephrosis ...	6	4	2	...	...	...	...	1	2	1	2
Hyperplasia of prostate ...	7	7	...	...	...	...	...	...	...	1	6
Pregnancy, childbirth, abortion ...	1	...	1	...	...	...	...	1	...	...	...
Congenital malformations ...	8	5	3	3	3	...	1	1	...	...	...
Other defined and ill-defined diseases ...	97	45	52	26	3	1	1	1	8	13	44
Motor vehicle accidents ...	6	5	1	...	...	...	1	1	1	2	1
All other accidents ...	21	10	11	1	...	1	...	1	8	...	10
Suicide ...	11	4	7	...	...	...	...	7	4	...	...
Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...
<b>TOTALS</b> ...	1044	572	472	46	7	5	7	37	235	284	423

**Table 5.—Infantile Mortality during the year 1958.**

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH			Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
<b>All Causes</b>	Certified ...	...	27	2	—	3	32	4	4	4	2	46
	Uncertified ...	...	—	—	—	—	—	—	—	—	—	—
Measles ...			—	—	—	—	—	—	—	1	—	1
Inflammatory diseases of central nervous system ...			—	—	—	—	—	—	—	2	1	3
Pneumonia ...			3	1	—	3	7	2	—	—	—	9
Other respiratory diseases ...			—	—	—	—	—	2	2	—	—	4
Gastritis and duodenitis ...			—	—	—	—	—	—	—	—	1	1
Enteritis and diarrhoea ...			—	—	—	—	—	—	1	—	—	1
Congenital malformation of heart ...			2	1	—	—	3	—	—	—	—	3
Other congenital malformations ...			2	—	—	—	2	—	—	—	—	2
Injury at birth ...			2	—	—	—	2	—	—	—	—	2
Post-natal asphyxia and atelectasis ...			2	—	—	—	2	—	—	—	—	2
Immaturity without mention of disease ...			14	—	—	—	14	—	—	—	—	14
Accidental obstruction by inhalation or ingestion ...			—	—	—	—	—	—	—	1	—	1
Accidental mechanical suffocation ...			—	—	—	—	—	—	1	—	—	1
All other causes ...			2	—	—	—	2	—	—	—	—	2
<b>Totals ...</b>			<b>27</b>	<b>2</b>	<b>—</b>	<b>3</b>	<b>32</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>46</b>

Live Births in the year—

Nett Deaths in the year—

	Males	Females	Total
Legitimate ...	847	881	1,728
Illegitimate ...	43	58	101
<b>Totals</b>	<b>890</b>	<b>939</b>	<b>1,829</b>

	Males	Females	Total
...	20	23	43
...	2	1	3
<b>Totals</b>	<b>22</b>	<b>24</b>	<b>46</b>

Table 6.—Cases of Infectious Diseases notified during the year 1958

Notifiable Disease	All ages			Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		Total cases admitted to Hospital	
	M	F	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Scarlet Fever	34	42	76	1	—	1	2	4	2	3	4	3	5	16	22	5	7	1	—	—	—	—	—	—	—	—	—	—	—	1	
Measles	465	448	913	18	25	62	54	51	63	66	67	75	69	188	164	4	5	—	—	—	—	—	—	—	—	—	—	—	—	9	
Whooping Cough	8	16	24	—	1	1	1	2	5	1	2	2	4	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	
Acute Pneumonia	10	8	18	6	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	
Meningococcal Infection	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Acute Poliomyelitis (Paralytic)	6	2	8	—	—	—	—	1	—	—	1	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	8	
Acute Poliomyelitis (Non-paralytic)	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Dysentery	71	62	133	5	3	7	3	9	8	9	3	4	5	24	10	—	2	1	2	1	3	3	8	2	10	4	4	2	1	6	
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Neonatorum	1	2	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Puerperal Pyrexia	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	
Erysipelas	5	2	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	
Chicken pox	400	383	783	15	13	27	26	36	29	47	38	54	45	191	195	16	28	4	4	1	2	5	3	1	1	1	1	2	—	10	
Food Poisoning	2	2	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Acute Rheumatism	2	3	5	—	—	—	—	—	—	—	—	—	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Totals	1005	975	1980	47	46	98	87	103	107	126	115	138	128	427	395	28	45	7	8	3	7	10	16	7	12	7	7	4	2	54	



TABLE 7—GRIMSBY, 1958.  
TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1—2 years ...	—	—	—	—	—	—	—	—
2—5 years ...	1	2	3	—	—	—	—	—
5—10 years ...	—	3	1	—	—	—	—	—
10—15 years ...	2	—	1	—	—	—	—	—
15—20 years ...	8	2	—	—	—	—	—	—
20—25 years ...	5	3	2	—	1	—	—	—
25—35 years ...	5	8	3	1	—	2	—	—
35—45 years ...	11*	4	—	1	1	—	1	—
45—55 years ...	1	4	—	1	1	—	—	—
55—65 years ...	5	—	1	1	4	—	—	—
65—75 years ...	3	1	—	—	4	1	—	—
75 and upwards	—	—	—	—	1	—	—	—
Totals ...	41	27	11	4	12	3	1	—

\*Includes one case notified in the Port Health District.

TABLE 8—GRIMSBY, 1958.  
TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alexandra	Clee	Hainton	Humber	Littlefield	Little Coates	Nunthorpe	Scartho	South	South-West	Victoria	Weelsby	Wellow	Wellington	Totals
<i>Pulmonary</i> :—															
Males ...	1	—	5	3	1	3	7	2	6	3	3*	1	3	3	41
Females ...	1	2	2	1	2	1	3	2	2	1	3	1	2	4	27
<i>Non-Pulmonary</i> —															
Males ...	1	—	—	1	3	—	—	—	2	1	2	—	—	1	11
Females ...	—	1	—	—	—	1	—	—	—	—	1	—	1	—	4
Total ...	3	3	7	5	6	5	10	4	10	5	9	2	6	8	83
<i>Inward Transfers.</i>															
<i>Pulmonary</i> —															
Males ...	1	1	1	1	—	2	—	—	—	1	2	—	—	1	10
Females ...	1	—	—	—	—	1	—	—	2	1	—	2	3	1	11
<i>Non-Pulmonary</i> —															
Males ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Females ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2	1	2	1	—	3	—	—	2	2	2	2	3	2	22
Grand Total ...	5	4	9	6	6	8	10	4	12	7	11	4	9	10	105

\*Includes one case notified in the Port Health District.

**Table 9—Grimsby 1958.****Tuberculosis.—Notifications and Deaths.**

Years	Notifications			Deaths		
	Pul-monary	Non-Pul-monary	Total	Pul-monary	Non-Pul-monary	Total
1949	111	19	130	44	4	48
1950	86	12	98	29	2	31
1951	126	23	149	48	7	55
1952	124	24	148	29	3	32
1953	92	14	106	24	2	26
1954	87	20	107	21	1	22
1955	64	11	75	16	2	18
1956	78	15	93	18	1	19
1957	80	22	102	11	1	12
1958	68	15	83	15	1	16

**Table 10—England and Wales and Grimsby, 1949—1958**

Total Tuberculosis death rates in each year of the Decennium.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
England and Wales	0·45	0·36	0·31	0·23	0·19	0·17	0·14	0·11	0·10	0·10
Grimsby	0·52	0·33	0·59	0·34	0·27	0·23	0·19	0·19	0·12	0·16

**Table 11—Factories Acts, 1937 and 1948.**

Annual Report of the Medical Officer of Health in respect of the Year 1958 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1937.

**PART I OF THE ACT.**

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	367	285	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	495	212	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	70	1	—	—
<b>TOTAL</b> ...	932	498	9	—

**2.—CASES IN WHICH DEFECTS WERE FOUND.**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1.) ... ..	115	96	—	4	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	1	—	—	—
Inadequate ventilation (S.4) ..	3	1	—	—	—
Ineffective drainage of floors (S.6.)	7	7	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient ... ..	1	—	—	—	—
(b) Unsuitable or defective ...	36	30	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relative to Outwork)	143	125	5	—	—
TOTAL ...	305	260	5	4	—

## PART VIII OF THE ACT.

## OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ....	16	—	—	—	—	—
Nets, other than wire nets ....	48	—	—	—	—	—
TOTAL ....	64	—	—	—	—	—



## PART IX SCHOOL HEALTH SERVICE

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### Report of the Principal School Medical Officer for the year 1958

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*To the Chairman and Members of the Education Committee.*

In presenting the annual report for the School Health Service for 1958 I am pleased to record a satisfactory state of health. There were no serious epidemics, but a mild epidemic of Sonne dysentery broke out just before Christmas which has since spread to most schools.

The cleanliness and nutrition figures are encouraging, and there were no cases of scabies or ringworm discovered at the routine inspections. The hard core of children with infested heads remain a problem to eradicate, but by regular inspections by the school nurses they are prevented from infecting others.

The poliomyelitis vaccination scheme, now extended to all age groups, was pursued to the maximum, and 10,405 children received two injections. This cleared the waiting list and new applicants can now be immunised at the next clinic.

The specialists' clinics continued, and although the cardiac clinic was temporarily discontinued due to the tragic death of Dr. James Brown, we were fortunate to be able to get Dr. D. Stone, the Paediatrician, to carry on this most important work. All these clinics not only save waiting time at the hospital but make for closer liaison between the services. The difficulty in obtaining appointments for diseases of ear has at last been resolved, and it is hoped that the long waiting period will be appreciably reduced.

Dr. Tyerman has returned to duty after valuable experience in the U.S.A. Although appointed as an Educational Psychologist much of his work is necessarily clinical. It is a pity that the new Mental Health Bill did not give more emphasis to child guidance because the seeds of serious mental illness in later life are often sown in early childhood. His many successful cases are often only known to the parent or teacher, but the few failures quickly become a problem to many departments.

The special day school for E.S.N. children continues to make good progress and fills an important gap in the education system.

The Principal Dental Officer's report once again stresses the unsatisfactory state of affairs on this important branch of the School Health Service. Fortunately an additional dental officer has been appointed during the year, but until the new clinic at Dudley Street is available it will not be possible to make the best use of his services.

Physical education has maintained a satisfactory standard. No amount of physical training will counteract bad posture habits if the pupils are allowed to 'slouch' at other times. It would seem that a revival of the Victorian attitude towards posture is needed because the modern youth appears to prefer a stance of relaxed abdominal muscles, hollow back, round shoulders, chest in and head down. While this does not apply to the majority it is none the less on the increase.

Speech therapy gets little publicity, but it is an invaluable service and is doing excellent work.

Co-operation with the Education Department continues to be most gratifying and I thank all concerned. Especially so to the head teachers who have suffered so many interruptions from the school medical service on account of the immunising programme, and without their help much less would have been accomplished.

I also wish to thank all the other departments concerned with children for their ready assistance. To the Education Committee I am indebted to the courteous and sympathetic consideration they have given to the matters placed before them.

R. GLENN,

*Principal School Medical Officer.*

HEALTH DEPARTMENT,

1 Bargate, Grimsby.

April, 1959.

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R. E. RICHARDSON, M.Sc., Ph.D.

**EDUCATION WELFARE SUB-COMMITTEE***Chairman*—Councillor L. MEANWELL.*Vice-Chairman*—Councillor A. BRADLEY.

THE MAYOR—Alderman M. LARMOUR, J.P.

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"	C. J. MOODY.		Mrs. N. TROUGHT

**STAFF OF THE SCHOOL HEALTH SERVICE***Medical Officer of Health and Principal School Medical Officer:—*

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

*School Medical Officers—*

JANET W. HEPBURN, M.B., Ch.B., D.P.H.

JOHN G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MICHAEL R. BURKE, M.B., B.Ch., B.A.O., D.P.H.,

*Principal Dental Officer—*

DONALD W. HUNT, L.D.S., R.C.S., (Eng.)

*Dental Officers—*

GEOFFREY S. WATSON, B.D.S., L.D.S.

ROBERT D. BORRILL, B.D.S., L.D.S., R.C.S., (Eng.)

*Part-Time Dental Officer—*

DAVID U. E. MILLER, L.D.S., R.C.S., (Eng.)

*Superintendent Health Visitor/School Nurse—*

Mrs. I. HALDANE.

*Health Visitors/School Nurses—*

Miss M. TIPPLER, Miss M. BAGG, Miss J. D. M. VARRIE, Mrs. M. KOZLOWSKI  
 Miss J. BELL, Miss K. L. SPENCER. Miss I. ADAMSON, Mrs. E. METCALF  
 (res: 30. 6. 58.) Miss M. HARDWICK (app: 1. 3. 58.)

*School Nurses—*

Miss H. M. SCARLETT, Mrs. A. C. NICHOLSON, Mrs. J. MARSH, Mrs. E. HEWSON,  
 Mrs. M. WAUMSLEY, Mrs. M. MAULTBY (part-time).

*Clinic Nurses—*

Miss F. J. WYATT, (res: 14. 2. 58.) Mrs. G. WHITEHALL, Mrs. M. MILLS (part-time),  
 Mrs. E. S. LIVINGSTONE (appt: 1. 2. 58., res. 28. 2. 58.), Miss G. HAMPTON (appt:  
 10. 3. 58., res: 31. 5. 58.), Miss F. J. HOLLINGS (part-time, appt: 16. 6. 58.)

*Dental Staff—*

Miss P. HART (*Oral Hygienist*), Miss R. HENFREY (*Clerk*), Miss M. ADLETT,  
 Miss M. MARRIS, Mrs. D. P. CAMPION, (appt: 4. 11. 58), Mrs. C. F. CHIDWICK (part-  
 time, res: 30. 6. 58.), Mrs. O. BABINGTON (part-time, app: 7. 7. 58.)

*Clerical Staff—*

Miss A. ROBERTS, Miss A. DUFTON, Miss M. ROBINSON.

## FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1958, was 17,029 compared with 16,719 the previous year.

**Nutrition.**—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected is now made under the designation "physical condition." This includes general condition and physique, replacing the older classification of general condition only.

"Physical condition" is assessed under two headings—satisfactory and unsatisfactory. Of the 4,544 children who were medically inspected 4,524 (99.56%) were classified satisfactory, and 20 (0.44%) as unsatisfactory.

At the end of the year 5,422 children were paying for school dinners, and 524 were receiving them free. The number of children drinking school milk was 14,391 each day.

**Uncleanliness.**—Examinations are carried out at regular intervals at the various schools by the school nurse, statutory notices being issued to parents where indicated.

Facilities are available at the School Clinic for disinfesting those children who repeatedly attend school in a verminous condition. A nurse is in daily attendance and the D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Inspections totalled 32,164 ; the number of individual children found to be unclean being 641 while at routine school medical inspections 83 children out of 4,544 examined showed evidence of louse infestation.

**Diseases of the Skin.**—The incidence of scabies and all skin diseases found at routine medical inspections during the last few years is given in the following table.

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1953	1954	1955	1956	1957	1958
All skin diseases ...	5.9	9.6	4.8	3.3	5.9	5.9
Scabies ... ..	0.3	0.8	1.1	—	—	—



A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1953	1954	1955	1956	1957	1958
Ringworm (scalp) ...	—	—	—	3	—	—
Ringworm (body)	—	—	1	3	—	—
Scabies ...	7	48	17	14	2	—
Impetigo ...	20	31	39	30	46	22

**School Clinic.**—The School Clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 9 a.m. to 5-30 p.m. (Saturdays 9 a.m. to 12 noon). Minor ailment clinics are held each morning, and the school medical officers hold three sessions per week for special medical inspections. Specialist Clinics are held as follows :—Ophthalmic—weekly ; cardiac—monthly or by arrangement with Cardiologist ; and orthopaedic—fortnightly.

The figures for attendance at the School Clinic were as follows ;—

Special inspections by medical officers	..	..	88
Re-inspections by medical officers	..	..	26
New cases dealt with by clinic nurses	..	..	242
Total attendances	..	..	11,610

A superficial study of the statistical returns for the activities of the School Clinic during the year shows an obvious decrease in special examinations and a great increase in the number of attendances.

The premises are used for poliomyelitis immunisation sessions which accounts for the increase in attendances, and as an immunisation centre the premises are adequate. In addition it is a popular centre because being centrally located it suits the shopping mother.

Special examination figures tend to vary annually depending upon defects discovered at school medical inspections—a decrease is in keeping with the national trend. Before 1948 one could quite easily conjure up a picture of the routine of rows of patients at daily clinics with the medical staff bulldozing their ways through impossible numbers, and at the close of each day the harassed M.O. asking himself ‘What have I accomplished to-day?’ With ten years of the National Health Service and its initial teething difficulties behind us we find our potential clientele adequately catered for by the glamourised Parts 1 and 2 services. From our point of view this is a blessing as it insures proper medical and surgical attention, and in addition decreasing attendances enables the

S.M.O. of 1958 to sit down and talk out with the children or their parents any problems whether mental, physical or social conditions which might handicap their education. Thus though we of to-day may daily see less at special clinics we obtain compensation by a sense of accomplishment—a sense so often denied other workers in the fields of health.

Eight year old school medical inspections were postponed because of the pressure of immunisation work, and this is unfortunate as it is the age where faculty deficiencies should be corrected which might otherwise hinder their academic progress.

**Defects of Vision and Diseases of the Eye.**—Refraction was carried out on 304 children (82 new cases), and glasses were prescribed for 260. Attendances number 477 and no cases of eye disease were referred from the school clinic during the year.

**Diseases of the Ear, Nose and Throat.**—There were 36 new cases of otitis media and 9 old cases examined at the school clinic. Of the 45 cases seen 11 were referred to the E.N.T. Specialist.

The clinic nurse carried out special treatment advised by the E.N.T. Specialist in 2 new cases of otitis media; this entailed a total of 92 attendances.

**Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 62. These were classified as follows :—

Chronic tonsillitis .. ..	37
Adenoids only .. ..	3
Chronic tonsillitis & adenoids ..	15
Other conditions .. ..	7

Nasal hygiene was advised when required under the supervision of the clinic nurse. Successful results were obtained in all types of cases showing catarrhal conditions of the nose and throat.

**Tonsillectomy.**—The usual information was collected during the course of periodic medical inspection about the frequency of tonsillectomy in children, and this survey will be discontinued next year since there was little difference between the percentages throughout England and Wales for the years 1956 and 1957. No doubt the Ministry of Education will call for this information to be collected in a few years time. The following information relates to Grimsby for the year under review.

	<i>School Entrants</i>	<i>10-12 years</i>	<i>14 years and over</i>
(a) Number of children inspected	1,306	1,510	1,332
(b) Number of children found to have had tonsillectomy .. ..	87	339	270
(c) Percentage .. ..	6.6	22.4	20.2

**Group Audiometry.**—During the year 1958 eight out of a possible twenty-one schools or departments were visited, the reason for this drop in number being due to extra medical activities in the schools. Group audiometry was carried out with the following results :—

Total number tested	..	..	..	..	863
„ „ re-tested	..	..	..	..	40
„ „ failing first test	..	..	..	..	15
„ „ referred to school clinic	..	..	..	..	33
„ „ special tests given in school clinic					45
„ „ children referred to E.N.T. Specialist					11

**Heart Diseases and Rheumatism.**—It is with deep regret that we have here to record the death in September of the eminent cardiologist, Dr. J. W. Brown. For many years Dr. Brown had conducted this special clinic and followed up the care and after care of school children discovered to have heart disease ; owing to his careful diagnosis and the invaluable advice given by him, many young people today are going about their lawful occasions blissfully unaware of the threat that once hung over them and are now leading an entirely useful and full life.

During the year 7 consultative clinics were held at the school clinic. 69 cases (of which 30 were new) made a total of 82 attendances.

A cardiac register of school children was instituted in September, 1957. This year the examination of school entrants only discovered two cases with lesions sufficient to refer them to the Cardiologist. These were congenital heart defects, both having pulmonary stenosis, and they continued to attend the ordinary school with special restrictions on the physical education side of the curriculum.

**Orthopaedic Clinic.**—During the year 20 consultative clinics were held at the school clinic. 150 cases (of which 91 were new) were seen ; of these 25 were found not to require treatment.

# SCHOOL HEALTH SERVICE AND HANDICAPPED PUPILS REGULATIONS, 1953.

(As on December 31st, 1958)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind ... ..	—	2	—
Partially sighted ...	—	5	—
Deaf ... ..	1	8	—
Partially deaf ...	—	4	—
Educationally sub-normal ...	32	125	1
Epileptic ... ..	16	—	2
Maladjusted ...	1	2	—
Physically handicapped	—	1	4*
Speech defect ...	—	—	—
Delicate ... ..	—	2	—

\* Includes 3 receiving home tuition.

**Infectious Diseases.**—No school or department was closed on account of communicable disease during 1958.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1957:—

Scarlet fever 50 (52) ; measles 361 (1,099) ; whooping cough 5 (75) ; pneumonia 2 (5) ; poliomyelitis 5 (3) ; dysentery 36 (31) ; chicken pox 430 (330) ; food poisoning 1 (2) ; and acute rheumatism 5 (6).

In addition 7 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from tuberculosis, compared with 8 in the previous year. Of these, 5 were classed as pulmonary and 2 as non-pulmonary.

**Mass Radiography.**—Every other year a visit is made by the Lincolnshire Mass Radiography Unit to carry out a chest survey at all secondary schools, and this year over six thousand children were X-rayed on school premises. The majority of teaching staff are usually included for X-ray at the same time. Abnormal cases are generally recalled for large films to be taken and later referred for the appropriate medical treatment.



**B.C.G. Vaccination.**—Because of the demands of immunisation against poliomyelitis it was not possible to extend this service beyond the six selected schools as was anticipated. Nevertheless the B.C.G. programme operated on similar lines to the previous year, but the new British freeze-dried B.C.G. vaccine was used in place of the Danish liquid. Needless to say from the administrative angle this was a great improvement. The annual re-testing for conversion was also dispensed with this year.

A total of 456 children were vaccinated as compared with 408 last year, and the acceptance rate rose from 78 to 83 per cent. The following information briefly summarises the work undertaken.

1. ACCEPTANCES.

Number of 13-year old children offered tuberculin testing and vaccination if necessary	..	..	672
Number of acceptances	..	..	543
Percentage of acceptances	..	..	83

2. TUBERCULIN TESTING AND VACCINATION.

Number skin tested	..	..	..	533
Number found negative	..	..	..	456
Number vaccinated	..	..	..	456

**Protection against diphtheria.**—As with all other immunisation schemes undertaken this year a definite increase was made, and in view of the intensive poliomyelitis vaccination programme it is a most gratifying result. Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections and of the following details 253 primary and 1,347 maintenance injections were carried out in schools.

<i>Primary immunisation</i>		<i>Re-inforcing injections</i>	
Under 5-years	1,204	Under 5-years	35
5-15 years	268	5-15 years	1,560
Total	1,472	Total	1,595

The total primary immunisations for last year was 1,247 and re-inforcing injections numbered 1,386.

**Poliomyelitis vaccination.**—At the end of 1957 the number of children who had had received two injections against poliomyelitis was 4,008, and this year accounted for a further 10,405 children and 1,072 adults.

In September the Minister of Health extended vaccination against poliomyelitis to include young persons born in the years 1933 to 1942, and also on the recommendation of the Medical Research Council third injections should be given not less than seven months after the second injection. Consequently towards the end of the year every effort was made to carry this out and 3,134 children received third injections. This was quite a task since all these children had to be summoned to attend at the local health authority's various clinics and in some weeks more than a dozen sessions were running.

The percentage of children immunised against poliomyelitis is now sixty.

**Employment Certificates.**—During the year certificates were issued to 300 school children who were engaged in particular employment outside school hours.

**Provision of Clothing**—Clothing was supplied to 166 children at a cost of £722.

## DENTAL SERVICE

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), principal dental officer, presents the following report :—

It is my duty to submit my Tenth Annual Report on the Dental Services provided by the County Borough of Grimsby. These services should provide for school children, pre-school children, and expectant and nursing mothers—sections of the community known as the priority classes and numbering in this area upwards of 20,000 persons.

The equivalent of five full-time dental officers is the minimum required to provide an adequate service for this number of potential patients, but for many years the staff has been limited to two full-time officers. During the year under review however an additional full-time dental surgeon has been appointed, making the operating staff now the equivalent of 3.1 whole-time dental officers, a part-time specialist anaesthetist, and an oral-hygienist.

With the provision of adequate surgery accommodation, the working of additional evening sessions, and with no back-log of neglect to overcome, it would be possible for this staff to meet the statutory obligations of the local authority with a modest degree of success. But the heritage of former years remains, the incidence of dental disease in the priority classes is extremely high, and the problem will remain largely unmanageable for a long time to come.

It remains the policy of the dental staff to provide a service for the prompt relief of pain, and then a complete service for such numbers of patients as its circumstances permit it to accept on this basis. At present no member of the priority classes in the town need wait long for emergency treatment, and a limited number of children are enabled to leave school in a condition of dental fitness. The welcome addition of Mr. Borrill to the staff will mean an increase in the number of children attaining this desirable state, but there is no room for complacency until the opportunity to do so is available to each and every schoolchild in the borough.

At the time of writing it cannot be said that full use is being made of the still limited staff available. The single surgery clinic at Watkin Street continues unaffected, but at the clinic in Hope Street two dental officers and an oral hygienist are endeavouring to work in one surgery and a hygienist's small room. The immediate waiting room space consists of a room measuring only 11 feet by 8 feet, and the general waiting room is too far from the dental wing. It was the writer's intention to be able to provide additional surgery accommodation at short notice as and when further dental officers were obtained, but this has been held up by delay in receiving the Ministry's grant.

It is appropriate at this stage to state that the unsatisfactory condition of the public dental service is in no sense a purely local matter. The problem is a national one, and when all is considered the staffing position in Grimsby is probably better than might be expected.

At national level the future of the public dental service gives much concern to all who have the welfare of children at heart. It will never be possible to run a so-called "priority service" when those employed therein enjoy less remuneration and have a lower status than their professional colleagues in other less exacting spheres of practice. The struggle for recognition and survival has continued unabated since the inception of the National Health Service ; but with the Dental Whitley Council in a state of impasse, and with the recent publication of the Joint Memorandum of Evidence to the Royal Commission on Doctor's and Dentist's remuneration by eight Associations of Local Authorities, there can be but few who continue to hope for the future existence of the Service.

The Memorandum of Evidence referred to above at least has the merit of showing the public dental officer just how little his employing authority values his services, with its implied innuendo that the public dental officer is in no sense carrying out duties comparable with those undertaken by other sections of the profession.

At its best the picture of the future is of a service failing to attract young dental surgeons as a career, of an elderly permanent and experienced staff, and an increasing trend towards a part-time service. Surely an ironic end for a service that was to be, in the words of the Teviot Committee—"the spearhead of the attack on dental disease in this country."

The statistical tables relating to the work undertaken during the year may be found on page 29. and call for little comment. A slight variation in the extraction-filling ratio is of no significance, and reflects only the age groups and types of children examined at school during the year.

Somewhat more treatment of all types has been given than in the previous year, but it must be observed that the increase is not so great as it ought to be with the additional operating staff now available. The full benefit of the additional Officer will not be apparent until he has a surgery in which to work.

From a clinical viewpoint the year has been uneventful, but a very wide range of procedures are included under the term "other operations" and the writer has been much impressed by the standard attained by his staff in dealing with advanced procedures of conservative and operative dental surgery. There is much in a public dental service career to appeal to those who value clinical freedom and responsibility, and if only professional prospects were better the Service could be an attractive career for the best type of dental graduate.

At the end of a difficult and frustrating year it remains for me to thank my staff for their cheerful acceptance of trying conditions, and to thank all departments of the Corporation concerned with the welfare of children for their co-operation during the year. An especial thank you is due to the head-teachers and their staffs for their willing acceptance of inconvenience and interference with normal routine.

To the Education Authority I am indeed grateful for their sympathetic consideration of all items placed before them, and for the fact that they have at no time given the dental staff occasion to think that the Memorandum to the Royal Commission is a reflection of their own opinion.

### CHILD GUIDANCE SERVICE

Dr. M. J. Tyerman, Psychologist, gives the following report on the work of the Child Guidance Service during 1958.

**1. Staff.** In September, 1958, Dr. M. J. Tyerman returned from his post as Visiting Assistant Professor of Psychology in the San Francisco State College. Mr. T. S. Campbell who had served as temporary Educational Psychologist resigned to take up an appointment with the London County Council. In September Mrs. M. N. Green was appointed remedial teacher, serving part-time in schools and part-time in the Child Guidance Centre.

The full-time staff at the Centre, therefore, consists of Dr. M. J. Tyerman, Educational Psychologist ; Miss M. E. D. Pearson, Social Worker ; Mr. T. D. MacKenzie, Remedial Teacher/Psychological Tester and Miss K. L. Nocton, Secretary-Receptionist. Mrs. D. M. H. Whiteley and Mrs. M. N. Green, remedial teachers, each attend five sessions weekly.

Dr. J. F. R. Goodlad, Consultant Psychiatrist of Lincoln, has continued to attend two sessions weekly as a representative of the Regional Hospital Board. His services are greatly valued.

### 2. Statistical Summary:—

Number of children referred since the Service was inaugurated 1667

Number of children referred by year :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
116	124	127	105	143	174	250	236	200	192



One hundred and ninety-two children were referred for individual examination. In addition, seven hundred and three children received help in schools from the remedial teachers, and twenty-two children were statutorily examined.

During the last five years the annual referral rate to the Centre has more than doubled and work within schools has increased but there has been no increase in professional staff. The limited professional time available is, therefore, being spread over an increasing number of children. There is a danger that because of this quantity of cases the quality of work with each child may suffer. If present standards are to be safeguarded and if the children who want help are to be given it, an additional psychologist is urgently required.

**A. Cases closed, current and awaiting interview :**

Number of children examined during 1958	..	..	..	190
Number of cases closed during the year	..	..	..	171
Number of cases current on 31st December 1958	..	..	..	117
Number of children awaiting initial interview	..	..	..	13

**B. Particulars of children referred during 1958.**

1. **Number** (excluding those submitted for remedial teaching in schools) .. .. 192

2. **Age at time of referral:**

Below 5 years	Pre-School .. ..	11
5 but not 6	Primary (Infant) School ..	11
6 " " 7		19
7 " " 8	Primary (Junior) School ..	17
8 " " 9		16
9 " " 10		22
10 " " 11		25
11 " " 12	Secondary School .. ..	14
12 " " 13		10
13 " " 14		6
14 " " 15		16
15 and above		25

It is perhaps worthy of note that the greatest number of referrals is from Primary Schools. Since it is in these schools that a child's attitude to learning is determined, the discovery of difficulties at that stage—whether educational, emotional or physical—is of the greatest importance. For prevention as for cure, the earlier the condition is discovered the greater the hope of success.

3. **Sex :** Boys 121 ; Girls 71.

The proportion of boys to girls is approximately the same as in previous years, 2 : 1. It is probable that the difference does not indicate that girls are less liable to difficulties, but that the forms their behaviour take are often less noticeable and more socially acceptable.

4. **Reasons given for referral:**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
Mental or personality assessment .. ..	69	28	97	51
Difficult behaviour .. ..	26	12	38	20
Emotional problems .. ..	7	13	20	10
Educational Guidance .. ..	10	9	19	10
Habit disorders .. ..	7	9	16	8
Failure to make progress at school .. ..	2	—	2	1

These categories overlap considerably and the classification is only a very rough guide to the conditions discovered on examination.

Mental and personality assessment was the reason for referring half the children seen even excluding those tested for admission to the remedial teaching groups organised in schools. Possibly mental assessment is one of the best ways in which the Service can assist the schools. In approximately an hour, it is possible in most cases to determine with a very high degree of accuracy the ability of a child to learn and whether he is working to his ability. Teachers can thus be informed which children require special attention and which children are doing as well as their abilities permit.

When so requested these assessments can be carried out in school by the psychologist or tester.

5. **Source of referrals:**

	<i>%</i>
Parents direct or through school .. ..	29 15
School through headteacher .. ..	100 50
Medical Services through M.O.H. .. ..	1 —
L.E.A. Officers .. ..	17 9
General Practitioners or Consultants .. ..	25 13
Children's Department or Magistrates through Children's Officer or M.O.H. .. ..	11 10
Probation Officer .. ..	3 1
Speech Therapist .. ..	4 1
Other .. ..	2 1

As in previous years most of the children seen are referred through the schools. This reflects the belief of the psychologist and the schools that this Service is primarily a Schools Psychological Service functioning as an integral part of the Authority's system and provision.

6. **Cases from previous years dealt with in 1958:**

Number of children referred in 1957 but not interviewed until 1958 .. ..	13
Number of children interviewed in 1957 and still current on 1st January, 1958 .. ..	113

### C. Details of Referral Interviews held:

1. Number: .. .. . 190

#### 2. Intellectual level of the 190 cases:

Ineducable/educationally subnormal	(I.Q. below 70)	7
Dull	(I.Q. 70—84)	21
Low Average	(I.Q. 85—94)	35
Average	(I.Q. 95—104)	19
High Average	(I.Q. 105—114)	31
Superior	(I.Q. 115—129)	22
Very Superior	(I.Q. 130+ )	7
Not tested		48

In addition to this individual testing, group tests were given in schools. Broadly speaking the abilities of the children referred to the Centre now represent the proportions found within the community. In previous years the tendency had been for the Centre to deal more with less gifted children rather than with those of average and above average ability.

#### 3. Recommendations made at the time of first interview:

(a) Regular and frequent treatment interviews: ..	45
(b) Occasional interviews/supportive: .. ..	23
(c) Report/Advice excluding (d) .. ..	120
(d) Special Educational Treatment required ..	2

For more than half the children frequent interviews did not seem to be necessary. Often a mental assessment had been required and a report to the teacher on the child's capabilities gave the guidance required. In a quarter of the cases, however, repeated interviews at regular intervals were indicated. In every instance attendance is purely voluntary.

### D. Analysis of Interviews: .. .. . 2,619

#### 1. Interviews with **children** by: .. .. . (1,255)

Psychologist .. .. .	325
Psychiatrist .. .. .	99
Social Worker .. .. .	185
Remedial Teachers .. .. .	646

#### 2. Interviews with **parents** by: .. .. . (985)

Psychologist .. .. .	330
Psychiatrist .. .. .	99
Social Worker .. .. .	347
Remedial Teachers .. .. .	209

#### 3. **School Visits** by: .. .. . (240)

Psychologist .. .. .	161
Social Worker .. .. .	1
Remedial Teachers .. .. .	78

#### 4. **Home Visits** by: .. .. . (139)

Psychologist .. .. .	12
Social Worker .. .. .	125
Remedial Teachers .. .. .	2

**E. Closures during 1958:**

1. Total number of cases closed: .. ..	171
2. Reasons for closures:	
(a) No treatment. Diagnosis followed by report, recommendation or advice .. ..	92
(b) Child transferred to another department or out of the area .. ..	15
(c) Parents did not accept offer of treatment ..	16
(d) Problem cleared by time of interview.. ..	1
(e) Treatment, supervision or advice: cases followed up and found suitable for closure ..	47

**F. Lectures, publications etc.:**

Twelve lectures were given by the psychologist during the autumn term. Two articles were accepted for publication and two are being considered.

This preventive educational aspect of child guidance is as necessary as remedial work. Prevention is better than cure yet generally speaking the average person is not very concerned with the problems and deficiencies of childhood believing that they do not touch his life very closely. It cannot be stressed too often that the best safeguard against behaviour problems is a soundly constituted family.

**G. Composition of Case Load on 31st December, 1958:**

1. Total number of children .. ..	117
2. (a) Number of children awaiting initial interview	13
(b) Number of children whose treatment has been discontinued or who do not require treatment but whose progress requires following up .. ..	48
(c) Number of cases (excluding "follow-ups") receiving intensive treatment from:	
Psychologist.. ..	20
Psychiatrist .. ..	15
Remedial Teachers .. ..	12
Social Workers .. ..	8
(d) Number of children concerning whom further information is needed before any action is taken .. ..	1
3. Number of children referred before 1st January, 1957, and still current on 31st December, 1957..	45
Number referred in 1957 and still current (including "follow-ups" and children awaiting appointments) .. ..	72



## SPEECH THERAPY

(Report by Miss G. M. Roberts)

This report covers the period from 1st September to 31st December, 1958, and is concerned with the re-opening of the Clinic after a short interval of two months, and with the continuation of cases that had been under the clinical care of my predecessor. I found 56 cases left open, i.e. receiving regular treatment or on observation. I was fortunate in having no waiting list at this stage

**Table No. 1** Of these 56 cases—28 were given regular weekly treatment ; 7 fortnightly treatment ; 14 were put under 3-monthly observation ; 3 were discharged—normal speech ; and 4 were discharged as unco-operative.

**New Referrals.** Secondary, junior and infant schools have been visited when large numbers of children have been referred for treatment. This enables a preliminary sifting of cases before the names are added to the waiting list. Patients previously discharged as unco-operative have not been accepted again for treatment.

At school, prior to referral, each patient was seen and a preliminary assessment made of the severity of the problem. The name was then placed on the waiting list until an appointment could be offered. At the first appointment, parents are interviewed and a case history is taken. When necessary the child is referred elsewhere for any other problems requiring treatment. Some cases require guidance only and can be put under observation.

**Table No. 2**

Sources of Referral		Disposal of Referrals.	
Child Guidance Centre	.. .. 2	Now being treated	.. .. 19
School Medical Officers	.. .. 3	On observation	.. .. 4
Maternal & Child Welfare Clinic	1	Have had previous treatment	.. 5
Head Teachers	.. .. 66	Unco-operative	.. .. 1
	—	No treatment necessary	.. .. 4
	72	Waiting list	.. .. 39
	—		—
		Total	.. .. 72
			—

The total number of patients receiving treatment and under observation is 79 (56 re-opened cases and 23 new referrals). The number of patients on the waiting list is 39.

Table No. 3

Types of defect							Girls	Boys	Total
Retarded speech and language (Development) .. .. .							—	7	7
Dyslalia .. .. .							10	24	34
Stammer .. .. .							1	16	17
Cleft palate speech .. .. .							4	8	12
Dysarthria .. .. .							1	1	2
Dysphasia .. .. .							2	—	2
Dysphonia .. .. .							—	—	—
Excessive nasal resonance .. .. .							1	2	3
Partial deafness .. .. .							—	1	1
Articulation defects due to physical cause .. .. .							—	1	1
							19	60	79
							—	—	—

Approximately 76% of the cases are male patients.

#### Visits

School visits for assessment purposes .. .. .	16
Carnforth for treatment sessions	15
	—
	31
	—

#### Appointments

Appointments offered .. .. .	534
Appointments kept .. .. .	400
	—
	134
	—

Average attendance approximately 76.15%

#### Ages at time of referral

	Girls	Boys	Total
Pre-school (Under 5 years) .. .. .	—	1	1
Infants (5 to 7 years) .. .. .	11	33	44
Juniors (7 to 11 years) .. .. .	7	21	28
Secondary (11 to 15 years) .. .. .	1	5	6
	—	—	—
	19	60	79
	—	—	—

### PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education.)

Physical education in the schools continued to develop on the same lines as during the post-war years and generally the physical health of the children was most satisfactory.

It was very noticeable, however, that the posture of many children was far from satisfactory. This was particularly noticeable among many of the boys and would appear to reflect the present "teddy boy" attitude.

Whilst few teachers or parents would want the friendly relationship between teacher and pupil to revert to one of fear, or would want children to march about from place to place like young soldiers, nevertheless it is probable that modern conditions, both in school and home, have resulted in the slovenly "please yourself attitude" developing. To move about with ease, grace and purpose, to hold the head high and be able to look another in the eye, should be the aim of all. Good posture will help in developing this to the physical and mental benefit of the individual. This aim should be regarded as part of the responsibility of every teacher and not solely that of the Physical Education specialist.

**Primary Schools**—All schools carried out the comprehensive scheme of physical education which has developed during recent years. As has been mentioned in previous reports it is essential for each school to have adequate indoor facilities to enable regular and continuous physical training to be taken throughout the year. It gives great satisfaction, therefore, to know that during the preparation of this report, plans have been approved for the re-organisation of many of our schools, and it can, therefore, confidently be expected that the inadequate indoor, and in some cases outdoor, facilities at the Welholme, Scartho, South Parade, Canon Ainslie and St. Mary's Schools will soon no longer need to be mentioned in these Reports.

A welcome feature was the introduction of new ideas in teaching methods, introduced mainly by newly trained teachers who joined the Authority during the year. These teachers were encouraged to pursue and develop these ideas, thereby adding variety and further interest to what could become a stereotyped lesson. At the same time, the main purpose of physical education—the promotion of healthy growth and development of the child—was emphasised, as it could happen that the introduction of new teaching methods and ideas might overshadow the main aim.

All junior schools were able to have games training on grass pitches and, where schools had their own field adjoining, it was possible to make much greater use of these facilities for all classes, both in and out of school time.

All physical education equipment used in schools was sufficient in quantity and was kept in a good state of repair.

**Secondary Schools**.—The Western Secondary Girls' School, completed during the year, added to the facilities for physical education for girls by the inclusion of a gymnasium, showers, changing room and hard tennis courts. Otherwise there were not material changes in the facilities for physical education in the Secondary Schools.

The "Circuit Training" introduced to some of the senior classes of boys last year was continued and extended to other schools. It proved a popular and worthwhile method of training for boys.

Games, athletics, swimming and dancing formed the major part of the physical education curriculum. Inter-school games of soccer, cricket, hockey and netball were played. These were organised by the Grimsby, Cleethorpes and District School Sports' Association and were played after school or on Saturdays.

Sports Days were held by all schools and the annual inter-school sports were again held on Clee Fields.

The Lincolnshire County Sports were held at Spilsby and as usual our team representing Grimsby, Cleethorpes and District competed against teams from Lindsey, Lincoln, Scunthorpe, Holland, Kesteven and Mid-Lindsey.

In the boys' events our team was placed 1st in the Intermediate and Senior sections and 2nd in the Junior section. The girls came 2nd in the Senior events, 4th in the Intermediate events and 5th in the Junior events.

The annual Cross Country Championships were held at Cleethorpes over a course of 3 miles. All Boys' Secondary Schools competed and a record number of 31 teams took part. First place was taken by Waltham Toll Bar School with Harold Secondary Boys' School second and Chelmsford Secondary Boys' School third.

The Grimsby Wintringham Boys' and Girls' Grammar Schools again had a full fixture list. The Boys' School ran 5 soccer teams. Three boys were selected to play in the Lincolnshire Grammar Schools' Football matches and one boy was chosen to represent Lincolnshire in the F.A. Schools' week at Oxford. A full programme of House Matches was carried out in the form of three Leagues. Cricket was somewhat restricted owing to the ground levelling which was carried out on the school field, and only 16 school matches were played because of this and the inclement weather.

The boys again competed in the Inter-Grammar School Cross Country Championship. This, held at Clee Grammar School, resulted in a win for Sleaford Grammar School with Grimsby Wintringham Grammar School second. Fourteen schools took part.

At the Inter-Grammar School Athletics Meeting held at Lincoln, nine schools competed in three sections. Grimsby Wintringham Boys' Grammar School were placed first in the senior and intermediate section and second in the junior section. Five of the boys represented Lincolnshire in the National Inter-County Athletics Meeting at Houghton-le-Spring.

The Grimsby Wintringham Girls' Grammar School ran three hockey teams which competed against other similar schools. The 1st XI came first in the County Tournament and only lost two games throughout the season. Netball developed to a high standard during the season, and more teams were formed and more matches played. Unfortunately the weather had a disastrous effect on tennis, and many games were cancelled. Eight matches were, however, played by the 1st and 2nd six and individual tournaments were also held.

Three rounders teams played a number of keenly contested games.

The annual Athletics Meeting was again held as a House Competition and the school also acted as host for the Girls' Inter-Grammar School Athletics Meeting. Grimsby won the Senior Trophy and Scunthorpe the Middle and Junior School Trophies.



Havelock School continued to develop a broad curriculum of physical activities both during and out-of-school time, particularly on the boys' side. On the girls' side the school was seriously handicapped by inadequate staffing for Physical Education, and every effort should be made to obtain a suitably qualified specialist. Male members of the staff have given much help in connection with swimming, hockey and badminton, but problems associated with the adolescent girl can best be dealt with by female members of staff. The women Physical Education teacher has been specially trained for this and the whole of the physical education of these girls should revert to a woman teacher as soon as possible.

The school ran 5 soccer teams. These competed in the local schoolboy leagues and the senior team competed in the Grammar School league. One boy played in the County Grammar School Team and he was also a representative of an F.A. XI which played Cranwell. The school held their annual Sports Day at Clee Fields and many records were broken. One boy represented Lincolnshire for javelin throwing at the National Meeting at Houghton-le-Spring.

Cricket, badminton, gymnastics, boxing, cross-country running, swimming, tennis, hockey, netball and dancing were all included in the physical activities of this school.

**Swimming.**—The swimming results were again most satisfactory. In particular the number of children who learned to swim (almost 50% of those who participated) requires special note.

The number on the swimming registers for the year was 2,393. The total number of swimmers was 1,728 (943 boys, 785 girls), i.e. 72.2% of those on registers. A total of 1,166 children learnt to swim, i.e. 43.7 % of those on registers.

The three galas were held as usual at the end of each term at the Orwell Baths. The County Swimming Gala was held at Scunthorpe, where teams from Grimsby, Holland, Kesteven, Lincoln and Scunthorpe took part. In the boys' events, Grimsby came second with a total of 49 points against the 50 points gained by Scunthorpe. In the girls' events, Grimsby came first with 52 points.

An inter-county gala was held in the Cleethorpes Bathing Pool in July between teams representing Lincolnshire and Yorkshire. Grimsby had 7 representatives out of the county total of 24. Yorkshire proved too strong and won 8 of the 12 individual events and all four team events.

The additional voluntary periods of swimming were well used by the pupils of some secondary schools who were unable to participate in the normal school swimming periods.

Swimming was encouraged to a more advanced stage where possible and 8 E.S.S.A., 1 Advanced and 1 R.L.S.S. Bronze Medallion were obtained.

**Playing Fields.**—The variety of inclement weather experienced during the year slowed down the extensive ground preparations that were to be carried out on several of the school sites, but in spite of this, much progress was made and areas sown down will come into use during the coming year. The Nunsthorpe field was completely finished, while those at the Grammar School and College of Further Education were either sown down or were prepared for sowing in the Spring. The earth moving equipment, purchased by the Authority, enabled this work to be carried out effectively by the ground staff under the capable direction of the Superintendent of School Grounds, Mr. Blackburn.

Arrangements were made to fence the Authority's playing fields at Havlock, Macaulay, South Parade and Nuns' Corner. This was an essential step to take before playing areas could be made and maintained satisfactorily.

The pavilion at Nuns' Corner was completed and should prove of great benefit to those pupils using the playing fields nearby. Arrangements were made whereby the Technical Secondary School use these facilities each afternoon for their games training and pitches for both boys' and girls' games have been prepared.

**Teachers' Courses and Classes.**—At the request of the Committee, I have given many talks and demonstrations to the teachers and pupils of secondary schools on the manual lifting and handling of articles. Special reference was made to the moving of household articles and articles found in schools. Much interest was aroused in both staff and pupils and it is hoped that the value of these demonstrations might assist in keeping injuries associated with lifting to a minimum.

A Cricket Course organised by the Lincolnshire Cricket Coaching Committee was held at Skegness and attended by three teachers.

A two-day Athletics Course was held for men and women teachers. This was well attended by 56 teachers who appreciated the help afforded them by the National Coach, Mr. D. C. V. Watts.

As an experiment to encourage more teachers to interest themselves in swimming, a course for men and women teachers was held weekly from April to July. This consisted of two sessions—(a) for non-swimmers and (b) for swimmers. The Course was most successful and a total of 49 teachers participated, several of whom learned to swim during that time.

A recently produced film made by the All-England Netball Team was shown to the pupils and staff of every Secondary Girls' School. The staff of every Primary School concerned with the teaching of Netball was also invited to attend on other occasions. Several thousands of children and many staff were able to see the interpretation of the new rules and the leading up skills as played by England's selected players.

In conclusion, I would like to thank Dr. Glenn for his help and advice throughout the year and also the Education Committee and the Director of Education for their interest and support which has enabled the teachers of this Authority to carry out this ever important branch of the child's education effectively and efficiently.

**PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(Including Nursery and Special Schools)**

**TABLE A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	86	86	100	—	—
1953	643	642	99.85	1	0.15
1952	736	731	99.32	5	0.68
1951	58	57	98.28	1	1.72
1950	14	13	92.86	1	7.14
1949	50	50	100	—	—
1948	36	36	100	—	—
1947	1,181	1,177	99.66	4	0.34
1946	341	341	100	—	—
1945	17	17	100	—	—
1944	69	69	100	—	—
1943 and earlier	1,313	1,305	99.39	8	0.61
TOTAL	4,544	4,524	99.56	20	0.44

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS**  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1954 and later	1	18	14
1953	2	81	69
1952	2	93	87
1951	—	12	10
1950	—	1	1
1949	3	6	9
1948	4	2	6
1947	43	114	146
1946	17	27	41
1945	—	1	1
1944	6	3	8
1943 and earlier	124	98	207
TOTAL	202	456	599

**TABLE C.—OTHER INSPECTIONS**

Number of Special Inspections ... ..	88
Number of Re-inspections ... ..	26
TOTAL ... ..	114

**TABLE D.—INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	32,164
(b) Total number of individual pupils found to be infested ... ..	641
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... ..	342
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... ..	38



**PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**

**TABLE A.—PERIODIC INSPECTIONS**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin ...	1	89	8	63	18	86	27	238
5	Eyes— ...								
	<i>a.</i> Vision ...	3	20	129	260	70	270	202	550
	<i>b.</i> Squint ...	12	44	1	21	5	55	18	120
	<i>c.</i> Other ...	3	18	—	4	—	16	3	38
6	Ears— ...								
	<i>a.</i> Hearing ...	2	4	4	9	1	25	7	38
	<i>b.</i> Otitis ...								
	Media ...	2	53	1	28	—	63	3	144
	<i>c.</i> Other ...	1	16	—	8	—	13	1	37
7	Nose and ...								
	Throat ...	39	240	7	65	11	166	57	471
8	Speech ...	3	46	—	15	—	58	3	119
9	Lymphatic ...								
	Glands ...	12	95	1	5	2	68	15	168
10	Heart ...	5	22	6	21	8	22	19	65
11	Lungs ...	11	64	2	39	8	44	21	147
12	Develop- mental— ...								
	<i>a.</i> Hernia... ..	—	4	—	1	—	3	—	8
	<i>b.</i> Other ...	1	29	1	32	7	39	9	100
13	Orthopaedic ...								
	<i>a.</i> Posture ...	—	17	—	11	1	46	1	74
	<i>b.</i> Feet ...	17	25	2	30	6	73	25	128
	<i>c.</i> Other ...	28	83	8	39	22	120	58	242
14	Nervous System— ...								
	<i>a.</i> Epilepsy ...	—	10	—	1	—	12	—	23
	<i>b.</i> Other ...	1	4	—	11	2	13	3	28
15	Psychological ...								
	<i>a.</i> Develop- ment ...	—	12	—	38	1	146	1	196
	<i>b.</i> Stability ...	—	29	—	12	4	32	4	73
16	Abdomen ...	—	2	—	—	1	5	1	7
17	Other ...	—	5	—	4	1	11	1	20

TABLE B.—SPECIAL INSPECTIONS

Defect Code No.  (1)	Defect or Disease  (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin ... ..	27	—
5	Eyes— <i>a.</i> Vision ... ..	21	—
	<i>b.</i> Squint ... ..	—	1
	<i>c.</i> Other ... ..	17	—
6	Ears— <i>a.</i> Hearing ... ..	—	2
	<i>b.</i> Otitis Media ... ..	—	—
	<i>c.</i> Other ... ..	3	—
7	Nose and Throat ... ..	5	2
8	Speech ... ..	—	—
9	Lymphatic Glands ... ..	—	—
10	Heart ... ..	1	1
11	Lungs ... ..	—	—
12	Developmental—		
	<i>a.</i> Hernia... ..	—	—
	<i>b.</i> Other ... ..	—	3
13	Orthopaedic—		
	<i>a.</i> Posture ... ..	—	—
	<i>b.</i> Feet ... ..	—	—
	<i>c.</i> Other ... ..	5	—
14	Nervous system		
	<i>a.</i> Epilepsy ... ..	—	—
	<i>b.</i> Other ... ..	7	1
15	Psychological—		
	<i>a.</i> Development ... ..	—	—
	<i>b.</i> Stability ... ..	—	1
16	Abdomen ... ..	—	1
17	Other ... ..	2	1

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	9
Errors of refraction (including squint) ... ..	2,541
Total ... ..	2,550
Number of pupils for whom spectacles were prescribed ... ..	2,282

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	10
(b) for adenoids and chronic tonsillitis ... ..	395
(c) for other nose and throat conditions ... ..	33
Received other forms of treatment ... ..	52
Total ... ..	490
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958 ... ..	—
(b) in previous years ... ..	4

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	156
(b) Pupils treated at school for postural defects ... ..	—
Total ... ..	156

**TABLE D.—DISEASES OF THE SKIN**  
(excluding uncleanness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	1
Impetigo ... ..	22
Other skin diseases ... ..	16
Total ... ..	39

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ... ..	192

**TABLE F.—SPEECH THERAPY**

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	125

**TABLE G.—OTHER TREATMENT GIVEN**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	98
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	—
(c) Pupils who received B.C.G. vaccination ...	456
(d) Other than (a), (b) and (c) above.	
Please specify :	
1—Respiratory System ...	15
2—Cardio-Vascular System ...	11
3—Alimentary System ...	130
4—Central Nervous System ...	5
5—Genito-Urinary System ...	29
6—Other conditions not speci- fied. ... ..	64
Total (a)—(d)	808



**PART IV—DENTAL INSPECTION AND TREATMENT CARRIED  
OUT BY THE AUTHORITY.**

1. Number of pupils inspected by the Authority's Dental Officers—					
(a) At Periodic Inspection	...	...	...	...	3,943
(b) As Specials	...	...	...	...	2,440
Total (1)	...	...	...	...	<u>6,383</u>
2. Number found to require treatment	...	...	...	...	5,229
3. Number offered treatment	...	...	...	...	5,229
4. Number actually treated	...	...	...	...	4,817
5. Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) overleaf	...	...	...	...	<u>9,100</u>
6. Half-days devoted to : Periodic (School) Inspection	...	...	...	...	32
Treatment	...	...	...	...	1,300
Total (6)	...	...	...	...	<u>1,332</u>
7. Fillings : Permanent Teeth	...	...	...	...	3,349
Temporary Teeth	...	...	...	...	309
Total (7)	...	...	...	...	<u>3,658</u>
8. Number of teeth filled : Permanent Teeth	...	...	...	...	3,271
Temporary Teeth	...	...	...	...	309
Total (8)	...	...	...	...	<u>3,580</u>
9. Extractions : Permanent Teeth	...	...	...	...	2,270
Temporary Teeth	...	...	...	...	5,234
Total (9)	...	...	...	...	<u>7,504</u>
10. Administration of general anaesthetics for extraction	...	...	...	...	<u>2,998</u>

## 11. Orthodontics:

(a)	Cases commenced during the year	...	...	40
(b)	Cases carried forward from previous year	...		10
(c)	Cases completed during the year	...	...	17
(d)	Cases discontinued during the year	...	...	2
(e)	Pupils treated with appliances	...	...	37
(f)	Removable appliances fitted	...	...	40
(g)	Fixed appliances fitted	...	...	—
(h)	Total attendances	...	...	435

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## 12. Number of pupils supplied with artificial teeth ... 35

## 13. Other operations:

Permanent teeth	...	...	...	...	1,240
Temporary teeth	...	...	...	...	1,860
Total (13)					3,100

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